Clinical Lecture
ON
IDIOPATHIC, ESSENTIAL, OR PROGRESSIVE PERNICIOUS ANÆMIA.

Delivered at the London Hospital, June 4th, 1878,

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GENTLEMEN,—I have two patients in the hospital at the present time suffering from profound anæmia. A third patient recently under my care succumbed to the same condition. I wish to point out to you the symptoms to be observed in the living, and the appearances noticed in the dead, subjects of this morbid state, which, under the name of idiopathic, essential, or pernicious anæmia, is just now engaging professional attention. Let me first briefly bring under your notice the chief features of these three patients' cases.

Joseph C——, aged forty-seven, a bricklayer, in [George Ward. He lived in Norfolk until twenty-one years of age, when he came to London. Has never had ague or syphilis. Though not intemperate, drank beer freely in summer. He says he never had a day's illness until the present, and has always had a fine colour. In October, 1877, he noticed that he felt more tired than usual when he had finished his work. After having his tea he would drop off to sleep each night for an hour or so. He slept well all night, and would get up the next morning feeling quite well. He would have a cup of tea, and shortly afterwards would become nauseated and almost immediately vomit. The nausea and vomiting would last about a quarter of an hour. He did not vomit regularly every morning, but about two or three days in the week. He was not drinking much beer at the time, and when he had drunk more freely he had no morning vomiting. The vomiting continued more or less up to admission. He had no pain, headache, or other symptoms than those mentioned. About the beginning of December his friends began to say, "What's the matter, you're so white?" In January he had a slight attack of bronchitis. On Feb. 16th he came to me as an out-patient. I was struck with his great pallor, his feeble soft pulse, and listless manner. I examined him most carefully all over, tested his urine, looked at his eyes with the ophthalmoscope, but could find no cause for the anæmia. The next week he presented himself again. Again I examined him thoroughly, and again failed to find a satisfactory explanation of his anæmic state. He came the third week; his anæmia, always profound, had increased yet more. He was weaker and worse in every way, in spite of the tonic treatment pursued. I was convinced he was suffering from essential anæmia, and persuaded him to come into the hospital. As I was taking him in I did not examine his eyes that afternoon, but in the evening, when in the ward, and his pupils dilated with atropine, numerous hæmorrhages were seen in the retinæ. On admission, he was a well-developed man of large frame; large but soft muscles; skin moist and exceedingly soft. His face was remarkable for an entire absence of colour; it resembled white wax discoloured by age; it was too white to look like old parchment. The mucous membrane of the lips, mouth, and nares was almost devoid of colour. Conjunctiva of a faint but distinct yellow colour. The same absence of colour observed in the face was marked throughout the whole surface of the body, and was very conspicuous in the hands and at the matrix of the nails. The lungs were normal, except for slight prolongation of the expiratory murmur. The heart's impulse was very feeble, not external to nipple line. There was a harsh but not loud systolic murmur at the apex, heard also over the aorta and middle of sternum; pulse medium-sized and compressible. Abdominal wall thickly lined with fat; hepatic and splenic dulness natural. Temperature at this time normal. Urine 1135 cc. in twenty-four hours, sp. gr. 1020, amber, contained no albumen, 17 grms. urea.

Ophthalmoscopic examination showed great pallor of fundi; arteries and veins very pale, the latter of nearly the same tint as former, but larger. Discs natural. Numerous hæmorrhages in each retina, in nerve-fibre layer, scattered about fundus; they had a greater length than breadth, and were generally in the direction of the retinal nerve-fibres. The centre of some of the hæmorrhages was of a pale reddish-grey tint, in some places it was white, and there were a few small white patches, of dull aspect, scattered about the fundus.

FIG. 1.

Numeration and Microscopic Examination of the Blood.—Estimated by Gowers' hæmacytometer, the corpuscular richness was 18·6 per cent., or 930,000 coloured corpuscles to the cubic millimetre. When a drop of blood was placed on a slide and examined, the corpuscles formed rouleaux, but not long ones. Most of the coloured corpuscles were of natural size, of less deep colour than natural. A few of the coloured corpuscles were of much smaller size than the majority, of deeper colour, with a distinct nucleus, eccentric in position. When irrigated with distilled water, they parted with their hæmoglobin readily, leaving a well-marked nucleus. The number of colourless corpuscles appeared natural, certainly not increased. Much highly refractive granular matter (Schultze's granular masses) was present, and fibrine threads formed rapidly and in great abundance. I dictated the following remark: "The extreme anæmia, without any loss of flesh, and without any sign of organic disease of a nature to account for the anæmia, would point to the diagnosis of essential or pernicious anæmia. This opinion is strengthened by the great deficiency, the small size, and nucleated condition of the coloured blood-corpuscles, and confirmed by the presence of retinal hæmorrhages. It is to be observed that the patient has no tenderness over any of his bones." From the date of his admission to the present time his condition may be briefly summarised:—The pallor has increased, the skin assuming a "faded leaf" tint. He has complained of little except extreme weakness. At first he was kept in bed for some weeks; subsequently he was allowed to get up and go into the garden. He found it tired him very much going up and down stairs. He has lately found it an effort to walk about the ward even, and has taken to his bed from sheer weakness. Vomiting, which did not trouble him much soon after admission, has lately returned every day or two. Occasionally he has slight headache. The retinal hæmorrhages have come and gone from time to time. He has had attacks of moderate pyrexia without assignable cause. His temperature is usually normal, but every now and then it runs up for a few days to about 100° F. or 101°; a few days ago it reached 102°; but has now subsided to normal. His urine has been frequently examined; it is always free from albumen, and the daily excretion of urea has always been considerably below the normal. Numeration of the blood-corpuscles showed on the 27th of

March 18·8 per cent., or 940,000 per cubic millimetre; on the 7th of May 19·6, or 980,000 per cubic millimetre; whilst yesterday (June 3rd) there were only 13 per cent., or 650,000 per cubic millimetre. Many of the corpuscles have been observed, on each occasion, to be small and nucleated. You will see him as he lies in bed, bloodless to a degree, listless, and apathetic, complaining of nothing unless specifically questioned.

The second case is that of Mary Anne P——, aged forty-one, married, who is in Cotton ward. She is the mother of several children. She has had several attacks of jaundice, apparently catarrhal, but was otherwise well until two years ago, when she suffered from palpitation and shortness of breath, with pain in the stomach and constipation. These symptoms have continued to the present time. Three months ago she was seized with pain in the head, so severe that she at once summoned a medical man. From this date she observed an alteration in her colour, her husband and friends also noticing she was getting very pale. During the two months preceding admission she found herself getting much weaker; she had morning vomiting of clear fluid, and often a sharp pain in the epigastrium; her bowels were obstinately confined. She has had no epistaxis; no menses since thirty-five years of age. Has had aching pains in her legs, worse at night. No history can be elicited of syphilis. She is a small, spare woman. Her colour is peculiar, being of a pale-lemon tint; it is the same everywhere, the pallor of the skin being remarkable, and the lips, tongue, and gums bloodless. The conjunctivæ have a very faint-yellow tint, paler than that of the skin. Lungs normal, except for a few rhonchi. Apex-beat of the heart in the normal position. There is a systolic bruit over the whole cardiac area; it is soft at the apex, rough at the base and at the left margin of the sternum. There is pulsation in the jugular veins, and in this situation there is a thrill and loud venous hum. Pulse small and soft. Liver and spleen normal. Urine 1010, clear, acid, free from albumen and bile-pigment. When she first came into the hospital she was so weak that she was only able to raise herself in bed with great difficulty, but she has since gained power. Her pupils were dilated previous to atropisation; no abnormal appearances were observed in the retina. Numeration of her blood-corpuscles showed 27·3 per cent., or 1,365,000 per cubic millimetre; no microcythæmia or nucleation; no excess of colourless corpuscles. She had tenderness over the shafts of the bones of the legs, but no tenderness over the sternum, ribs, or clavicles. Her temperature has been subnormal. Since admission the intense anæmia has remained. She has had very frequent vomiting, with constant nausea. Has often complained of palpitation, and sometimes her pulse has intermitted. She has passed, as a rule, from 1000 cc. to 1500 cc. of urine, containing from ten to fifteen grammes of urea, in the twenty-four hours. At the present time the corpuscular richness of her blood is 23·6 per cent., or 1,180,000 per cubic millimetre. She has complained a good deal of pain and tenderness in the bones of the legs.

The third and fatal case was that of William J——,[1] a schoolboy, aged ten. Three months before admission he began to get white "like wax." He was troubled with nausea, but did not vomit; he perspired much, felt giddy, and was never warm. He got progressively weaker, and more pallid up to admission. The only other important symptoms were occasional headache and earache, with discharge from the right meatus. When admitted he was extremely anæmic, his skin having an ivory or wax-like appearance. He had a systolic murmur, loudest at apex and bottom of sternum, but heard also over the aorta and pulmonary artery; continuous murmur in the neck; his left ventricle was larger than natural; pulse, small and soft; lungs, liver, and spleen, natural; urine 850 cc. in twenty-four hours, containing not quite six grammes of urea; no albumen. He had well-marked optic neuritis, with numerous hæmorrhages in the retina, some of them very large (Fig. 2). His blood contained a considerable number of small coloured corpuscles, not more than a quarter of the natural size, mostly spherical, but some with tail-like processes; none nucleated. All the coloured corpuscles, large and small, were of a very pale tint; no increase of colourless corpuscles. His course was progressive from bad to worse; the pallor increased; hæmorrhages recurred in the retina; vomiting was most distressing and quite uncontrollable; he had occasional febrile attacks, and very frequent epistaxis and bleeding from the gums. He remained in the hospital from Sept. 5th to Nov. 28th, 1877, when he was removed home in a moribund state, and died the same evening. At the necropsy, the following day, we found extreme pallor of all the viscera, with fatty degeneration of the heart. The liver had a mottled appearance, subsequently shown to be due to parenchymatous hepatitis with hæmorrhages into the fattily degenerated patches. The blood was thin and very pale, the heart containing soft, fawn-coloured coagula. The panniculus adiposus was well-marked; appendices epiploicæ developed; orbital fat well preserved. Hæmorrhages in the retina and swelling of discs were found. The marrow of clavicles and ribs was of a red colour.

[1] THE LANCET, Jan. 5th, 1878, page 13.

FIG. 2.

These cases illustrate the general features of the disease I wish to discuss. Let me briefly gather up the important points I wish most to impress upon you. The disease generally commences insidiously; the patient becomes paler and weaker, but it is remarkable that he does not lose flesh. In most cases the pallor becomes extreme. The skin is of velvety softness, and of a pale-yellow, wax-like or ivory-like appearance, sometimes most resembling the skin of the cadaver. No abnormal physical signs are found in the viscera, beyond loud anæmic bruits heard over the heart and large vessels, and slight prolongation of expiration at the apices of the lungs. Examination of the blood reveals deficiency and alteration in the form and colour of the coloured corpuscles; no increase in the colourless corpuscles. The patient meanwhile complains of intense prostration, appears indolent and incapable of exertion, and is often sleepy, so that he drops off to sleep whenever he sits down. He suffers from palpitation and breathlessness on the least exertion. Vomiting, especially after food, is generally present at some period of the disease, and often becomes excessively distressing in the late stage. The patient generally complains of vertigo, and sometimes has hallucinations or slight delirium. Febrile attacks occur from time to time without definite causation. Finally, there arrives a period of hæmorrhages. Ophthalmoscopic examination shows, in most cases, hæmorrhages into the retina, and, rarely, swelling of the optic nerve. The retinal hæmorrhages are usually a late phenomenon of the disease. Epistaxis is common; bleeding takes place from the gums, and very often, in women, from the vagina; rarely there are cutaneous hæmorrhages. Hæmorrhages also occur into internal organs, as the brain, and into the mucous membranes and muscles. Cases occur, however, without any such hæmorrhages. Death is usually preceded by œdema; a little swelling about the feet, hands, or face, and into the serous cavities. This may suggest Bright's disease, but the urine is found free from albumen and casts. Post-mortem examination shows extreme pallor of all organs, with fatty degeneration of some—the heart, liver, and kidneys espe-

cially; submucous and subserous hæmorrhages in some cases. Usually the spleen and lymphatic glands are natural, though sometimes the former is enlarged. The marrow of the bones shows remarkable changes in some cases. It appears to the naked eye red instead of yellow, and the microscope reveals an excess of lymph-cells and nucleated blood-corpuscles. The blood is pale-fawn-coloured, fluid, and with little tendency to clot. The microscope has also shown in some cases, especially in nervous structures, aneurismal dilatation of capillaries and arterioles, with degeneration of the walls of the vessels, perivascular extravasation, and cellular infiltration.

These aggregate symptoms observed during life, coupled with the appearances found after death, stamp the disease with an individuality of its own, rendering it capable of recognition to those familiar with its characteristics. Neither the disease nor its recognition is new. The disease has been observed and described for a considerable time, but, owing perhaps to the indefiniteness of the malady, perhaps to few having read the original description of it, it has not until quite recently gained general professional attention, but has remained confined to the knowledge of comparatively few physicians. Its description finds no place in most of the modern text-books of medicine. Thanks to the teaching of Dr. Sutton, and the writings of Dr. Wilks calling attention to Addison's description, I have been familiar with the disease since a student, and have seen characteristic cases from time to time. To Dr. Addison is undoubtedly due the credit of first separating the disease as a clinical entity. He described the disease in his lectures delivered in 1843, which were published in 1853. Dr. Wilks recorded cases in Guy's Hospital Reports for 1847-8 and 1857. Lepine, in a careful historical review of the literature of the disease, ably abstracted and supplemented by Dr. Pye-Smith,[2] shows that whilst Andral, Piorry, Wunderlich, Canstatt, Schönlein, and Lebert had described cases of the disease, chiefly as chlorosis or anæmia following parturition, Addison was the first to describe its clinical features, progressive course, fatal termination, and characteristic post-mortem appearances. Gusserow, in 1871, described six cases, and Biermer, in 1872, fifteen cases of the disease, observed at Zurich, and at first believed by them to be peculiar to that locality. Biermer, ignorant of the existing literature on the subject, described it as a new disease under the title of "progressive pernicious anæmia." And though no candid critic could allow of Biermer's claim to its discovery, there can be no doubt his study of the disease has advanced our knowledge concerning it, and that his memoir on the subject has awakened the general attention of the profession abroad and in this country. Addison's description remains the best on the subject, and since this is the case, and the fact is important in medical history, I will immediately read you what he says in connexion with it. On Immerman reporting two cases confirming, as he thought, the discovery of the disease by Biermer, Dr. Wilks,[3] who has so often brought before the profession the overlooked writings of his illustrious colleagues Addison, Bright, and Hodgkin, promptly drew attention to the fact that the disease had long been recognised in this country, and described by Addison and himself. Since then numerous cases have been reported by observers at home and abroad, among whom may be named Pye-Smith, Bradbury, Byrom-Bramwell, Broadbent, Gardner and Osler of Montreal, Pepper, Lepine, Immerman, Rosenstein, Litten, Quincke, Eichorst, and others too numerous to mention, but to whose writings reference will be found in Dr. Pye-Smith's *résumé* in the *London Medical Record*.[4] Professor Quincke's lecture[5] contains a valuable description of the disease. Immerman has, as an appendix to his article on Anæmia in "Ziemmsen's Cyclopædia," a chapter on "Progressive Pernicious Anæmia (Biermer)," but he makes no allusion to Addison's writings.

Addison[6] wrote:—"For a long period I had from time to time met with a very remarkable form of general anæmia, occurring without any discoverable cause whatever—cases in which there was no previous loss of blood, no exhausting diarrhœa, no chlorosis, no purpura, no renal, splenic, miasmatic, glandular, strumous, or malignant disease. Accordingly, in speaking of this form in a clinical lecture, I, perhaps with little propriety, applied to it the term 'idiopathic,' to distinguish it from cases in which there existed more or less evidence of some of the usual causes or concomitants of the anæmic state. The disease presented in every instance the same general character, pursued a similar course, and, with scarcely a single exception, was followed after a variable period by the same fatal result. It occurs in both sexes, generally, but not exclusively, beyond the middle period of life, and, so far as I at present know, chiefly in persons of a somewhat large and bulky frame, and with a strongly marked tendency to the formation of fat. It makes its appearance in so slow and insidious a manner that the patient can hardly fix a date to his earliest feeling of that languor which is slowly to become so extreme. The countenance gets pale, the whites of the eyes become pearly, the general frame flabby rather than wasted; the pulse perhaps large, but remarkably soft and compressible, and occasionally with a slight jerk, especially under the slightest excitement; there is an increasing indisposition to exertion, with an uncomfortable feeling of faintness or breathlessness on attempting it; the heart is readily made to palpitate; the whole surface of the body presents a blanched, smooth, and waxy appearance; the lips, gums, and tongue seem bloodless; the flabbiness of the solids increases, the appetite fails, extreme languor and faintness supervene, breathlessness and palpitation being produced by the most trifling exertion or emotion; some slight œdema is probably perceived about the ankles. The debility becomes extreme; the patient can no longer rise from his bed; his mind occasionally wanders; he falls into a prostrate and half-torpid state, and at length expires. Nevertheless, to the very last, and after sickness of perhaps several months' duration, the bulkiness of the general frame and the obesity often present a most striking contrast to the failure and exhaustion observable in every other respect. On examining the bodies of such patients after death, I have failed to discover any organic lesion that could properly or reasonably be assigned as an adequate cause of such serious consequences, &c."

(To be concluded.)

[2] London Med. Record, 1877, pp. 314 and 437.
[3] British Medical Journal, November 28th, 1874, p. 680.
[4] Since this lecture was delivered Dr. Frederick Taylor has given in Guy's Hospital Reports for 1878 a collected series of cases observed in Guy's Hospital since Addison's first description.
[5] Volkmann's Sammlung Klinischer Vorträge. Translated in Medical Times and Gazette, October 14th, 1876, p. 428.
[6] New Sydenham Soc. Collection of the Published Writings of Thomas Addison, p. 212.

THE IDENTITIES OF CEREBRO-SPINAL MENINGITIS, DENGUE, AND YELLOW FEVER.

BY DR. CADDY,
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(Concluded from page 764.)

DR. W. ODLUM, who had treated very many cases of yellow fever during its epidemic visitation on the island of Antigua, found yeast, in often-repeated doses, most useful, and "Tous les mois" the best farinaceous food. Dr. Adler, a German physician, who was in medical charge of H.M.'s ship *Pantaloon* from the Gulf of Mexico to Jamaica, on the death of Dr. Jackson Graham, surgeon of the ship, in 1847, had given full doses of the phosphate of lime, he believed with good results. In November, 1847, a marine of the *Pantaloon*, at midnight, in hospital, had supicious vomiting: and on seeing him I gave him lime-water and brandy, which quieted the stomach. Many months afterwards I met this man at Portsmouth with his health re-established, and very grateful for the prompt attention he had received when ill with fever.

S. Q——, aged twenty-six, seaman of H.M.S. *Endymion*, was put on the sick list on the 7th April, 1847, on board the ship, and was given ten grains of calomel and a saline draught. 7 P.M. (hospital): Attacked at 5 P.M. yesterday with headache, attended with a sense of heat and prostration of strength. At present has less headache than yesterday; some orbital tenderness; skin hot and dry. Temperature by thermometer 100°; pulse 84, soft, regular; thirst urgent; stomach retentive; tongue slightly coated and clammy; bowels moved since he took the medicine; respiratory functions natural. — 8th: Passed a good night. Has less headache; skin warmer than natural, and dry; temperature by

thermometer 102°; pulse 84. Bowels twice moved; tongue dry, slightly coated, and somewhat abraded in the centre. 5 P.M.: Less headache; temperature 102°; pulse 68; stomach quiet; bowels open; thirst continues; tongue very white, dry. 8 P.M.: Some nausea.—9th: Slept well. No headache nor orbital tenderness; skin natural. Complains of debility. No thirst; stomach quiet; bowels open once. 5 P.M.: Except debility, no complaint. *Gums red and swollen.*—10th, 3 A.M.: Vomited a quantity of clear fluid. 6 A.M.: No return of the vomiting; feels easy. Temperature by thermometer 99°; pulse hardly perceptible. Noon: Hands cold; pulse as before. Congested appearance of the face. 5 P.M.: Stomach inclined to be irritable. Congested appearance of face, trunk, and upper extremities. Pulse very small and weak; tongue red at the edges; extremities cold. 8 P.M.: Vomited after taking the pill half an hour since. No pain. Pulse imperceptible; action of heart almost imperceptible.—11th, 12.30 A.M.: Vomited the first draught after taking it. No sleep. 6.30 A.M.: Had some sleep after taking the last draught. Has just vomited some fluid, having suspended in it dark-coloured flocculi; has since retained a turpentine draught. Countenance livid; extremities less cold; pulse very feeble; tonge red; thirst urgent; sordes about the lips. Noon: Drowsy, and the opium is omitted from the pill. 5 P.M.: Extremities cold; pulse 84, scarcely perceptible. But little action from the blisters; more from the mustard sinapism. No return of the vomiting. Injections came away without fæces.—12th, 8.30 A.M.: More heat in the extremities; pulse very feeble. 6.30 A.M.: No improvement; restless. 5 P.M.: A little more action in the pulse. Much moisture of skin. Injections followed by a small quantity of brownish fæces. 8 P.M.: Wandering and restlessness.—13th: Restless night. Unable to swallow. Pulse imperceptible; extremities cold; lividity of face as before; respiration laboured. 12.30 P.M.: Died.

Autopsy, three hours after death.—The surface of a livid, yellow colour. The cellular tissue on incision poured forth a quantity of dark venous blood. Cadaveric rigidity complete. The cavity of the arachnoid contained some straw-coloured serum, and this membrane in some places was opaque. The vessels of the pia mater evidenced recent and vascular action, and between the convolutions of the brain was effused some sanguinolent serum. Section of the hemisphere showed want of firmness, and the puncta vasculosa were very numerous. The lateral ventricles contained some straw-coloured serum. The pons Varolii was of normal firmness, and the incised surfaces poured forth a thin sanguinolent serum. The cerebellum on section poured forth a thin, bloody fluid. The cerebellar fossæ and spinal canal contained about three ounces of turbid, straw-coloured serum. The sinuses of the dura mater contained dark blood. The pericardium had two ounces of amber-coloured fluid. The vessels to and from the heart on section gave forth a quantity of dark-coloured blood. The walls of the right auricle were thin, that of the left slightly hypertrophied. The lining membrane of the arch of the aorta was of a bright-yellow colour. The lungs were congested. On reflecting the abdominal walls, the coats of the intestines were observed in some parts livid, in others of a dusky reddish-brown, and the mucous membrane coated with a black fluid. In the large intestine there was an occasional appearance of this redness, interspersed with dark ash-coloured spots of the mucous membrane. The liver was of a fawn colour, and very friable. The gall-bladder contained very dark-green bile, and its ducts, with liver and duodenum, were pervious. The portal vein and its branches contained dark blood. The kidneys were large, flabby, congested, and of a bright-red colour. Spleen normal.

In these cases of yellow fever the headaches, pains of limbs, with other symptoms, evidence the brain and spinal cord as seriously involved, and the autopsies with the early cadaveric rigidity noted bespeak the tetanoid state of the muscles long before death. Very wisely, full doses of calomel are not now given, and in the United States Army large doses of quinine in fever provoked an increase of fatal disease of the bowels. For nearly seven years, when in medical charge of H.M. ships *Pylades* and *Phaeton*, I had some hundreds of cases of fever to treat, and my first foreign service at Jamaica naval hospital from July, 1845, to Nov. 1847, forcibly prompted me to try other means than purgative doses of calomel, which I have found successful.[1] An admiral now alive, who has seen much active service, told me, many years since, that during service on the West India station he had been bled fifteen times for fever. Had he not been amongst the strongest of men, he could never have hoped, as he has done, to have hoisted his flag in the eastern and western hemispheres.

With yellow fever displaying its worst features in the United States; with the progressive advance of the disease beyond climatorial ranges, which were formerly supposed to be a barrier to its spread,—does not a line of demarcation seem a fallacy? With its increased fatality among children and coloured people; on reflecting over the cerebral and spinal symptoms, and the autopsies, of the diseases which it is contended are allied; and on reading how yellow fever has been fed in places by accumulations of filth,—does not the identity of the two diseases suggest itself?—the difference being that in fatal cases of yellow fever the mucous membranes have blood thrown out on their surfaces, giving rise to the well-known black vomit, and that in cerebro-spinal meningitis this depressing morbid complication has not yet appeared.

Our extended commerce with all parts of the world may bring to our insular position new phases of disease, and if filth is to be the future pabulum of yellow fever and cerebro-spinal meningitis, the sewage discharged into the Thames, and the mud deposits therefrom, may favour in some exceptional weather the worst cases of infectious disease; in fact, all low forms of febrile illness at such a crisis readily receiving the perilous blend of yellow skin, kidney complication, and black vomit.

The hundreds of lives of all ages recently lost off Woolwich from the *Princess Alice* river steamer has drawn significant attention to the pollution of the Thames. If the sewage water did on this occasion more speedily destroy the ill-fated excursionists, what may it not do in a season of great drought with calms, when there are no clouds to screen and to modify the full force of the sun's rays? Let yellow fever be once an epidemic of the British isles, it will, like cholera, have its sporadic associations and appearance, and declare itself, at far distant periods, in outbursts of epidemic virulence wherever filth is allowed to accumulate under fierce solar heat.

At present there must be nearly fifteen millions of people living in our large cities and towns under circumstances prejudicial to the healthy full growth of numerous children and to the longevity of many adults. London, with its four millions of population, consumes daily the annual average produce of twenty thousand acres of land, which does not include foreign supplies of tea, coffee, rice, sugar, wines, fruits. It is to be hoped that wise statesmanship will soon devise measures whereby the sewage will return to enrich the soil of our future agriculture, from which it should never have been allowed to pollute our rivers, and to destroy any portion of the food of a deserving and industrious people. It would cause the most painful reflection on our sanitary legislation should the poisonous exhalations from the mudbanks of the Thames endanger the river traffic and expose the health of our capital to fatal risk. The mere fact that our Houses of Parliament are at the water-side in the focus of danger is no guarantee to us that the Legislature is secure from these perils. Though the instincts of personal legislative preservation may be strong, yet sanitary truths have been tardily appreciated, and the radical remedy for faulty drainage may not be applied soon enough to stave off the approach of another great plague, which may claim for a time, through the channels of sewer-filth, the present haunts of diphtheria and small-pox in our large metropolis.

When Spain for centuries held progressing colonies in the New World, yellow fever must have been familiar to the soil of the mother country, especially at the seaports. From the shores of the Mediterranean there are rumours of this disease, and, with the febrile illness in the new colony of Cyprus, and the want of sanitary precautions under Turkish misrule, the febrile complication that may appear must be a matter of solicitude. The fatal 14th of July of this year in the city of St. Louis, U.S., when forty valuable lives were destroyed by sunstroke, may have some meteorological forecast of the future progress of yellow fever in America, the West India islands, and in Europe. A recent telegram reports a severe outbreak of yellow fever at the Danish West India island of St. Thomas, which, like the Havana, has its land-locked harbour, and the usual filth at the anchorages, which is most offensively stirred up when ships either drop or get up their anchors.

[1] Notes and Observations on Fever, by Dr. Caddy, surgeon of H.M.S. *Pylades*. Vide vol. xlix. of the Royal Med.-Chir. Trans.

A CASE OF CHRONIC CYSTITIS, OCCURRING SEVEN YEARS AFTER LITHOTRITY, CURED BY AN EXCLUSIVELY MILK DIET.

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IN May, 1871, I performed lithotrity on James H——, aged sixty-eight, at St. Peter's Hospital, and completely got rid of a phosphatic stone in four crushings. The patient was a pale, thin pipe-maker, who had undergone much privation. He remained perfectly well for four years, when he began to have difficulty in micturating, and was very frequently disturbed at night. He then sought my advice. I sounded him, and found that his trouble arose from an enlarged prostate; there was not a particle of stone in the bladder, and the urine was only slightly clouded with mucus. I taught him how to pass a catheter, and he regularly emptied his bladder night and morning with the instrument, enjoying comparative comfort for years.

Last April he again came under my care, complaining that he was always in pain, and that his urine was very thick. His nights were broken, his strength greatly lessened, and he was not able to work. He was treated by various injections, medicines, and washing out the bladder, without relief.

Under these circumstances I determined to try Dr. Geo. Johnson's method of an exclusively milk diet. Having put his alimentary canal in a fit and proper condition for commencing the treatment, the patient began on June 20th to live on milk alone, taking half a pint every two hours, his urine being then a mass of muco-pus, which adhered tenaciously to the *pot de chambre*. He could not pass any urine without the catheter, and was always worried by a dull aching pain above the pubes and in the rectum. The next evening he complained of an acid taste in his mouth, and brought up several pieces of curdled milk.

June 22nd.—Has not vomited since last night. Takes the milk well. Urine not quite so bad as it was.

23rd. — The milk seems to agree well with the patient, who takes about six pints per diem.

26th. — As he felt very faint to-day, he was allowed for one occasion only a thin slice of bread in his milk. Has less pain when he uses the catheter.

29th. — Complains of sickness; brings up curdled milk. Took one dose of bismuth.

30th.—No more sickness.

July 1st.—Is weak, and complains of a sinking sensation at the epigastrium; urine quite clear, acid, sp. gr. 1020; has lost all pain.

5th.—Discharged quite cured of his cystitis.

A month afterwards the patient called at the hospital to say he remained quite well; he had, of course, to use his catheter as usual.

I desire to give to Dr. George Johnson the entire credit of the patient's cure. Although I had always advised patients suffering from any irritation of the urinary tract to live chiefly on milk and fish, I had never previously tried milk exclusively, as recommended by him. I also placed another patient on the milk diet, but although it failed to cure him, it yet greatly relieved his sufferings—so much so, that he said, "I should be quite content to remain as I am." Chronic cystitis being one of the most troublesome complaints to treat, alike unsatisfactory to the patient and surgeon, we must gladly welcome any means of cure, however limited may be its success. But apart from a probable cure of the complaint by milk alone, there is yet another field open for it, as pointed out by Dr. Johnson, and that is the mitigation of the irritation which attends or follows the operation of lithotrity. The influence of an exclusively milk diet on the urinary tract and secretion is well seen in cases of children suffering from incontinence of urine, who can often be cured by simply ordering them to eliminate meat from their dietary and to live on milk only, if possible, or milk and fish, if existence on one aliment cannot be tolerated.

Portman-square, W.

ON THE DIAGNOSIS AND TREATMENT OF IDIOCY, WITH REMARKS ON PROGNOSIS.

BY FLETCHER BEACH, M.B., M.R.C.P.,
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(Concluded from p. 768.)

I NOW proceed to describe cases of acquired imbecility.

1. *Eclampsic.* — These are cases where convulsions come on during teething, or from some other cause in early life, and though they afterwards cease, they leave the intellect much impaired, and unfortunately capable of little improvement. The remark of Dr. Echeverria is quite true:—"No principle has received a greater sanction from experience than that the earlier the age at which epilepsy springs up, the deeper it undermines the organic and moral constitution, and the more disastrous are its results." E. C——, aged sixteen, was delivered with instruments. Epileptic fits came on at the age of twelve months, and continued up to seven years ago. She is very dull, and after three years' treatment has made exceedingly little progress. She can speak and answer questions, and knows a few colours, but she cannot wash or dress herself. She is very listless. Scarcely any improvement can be hoped for.

2. *Epileptic.*—Under this class are included cases where the epilepsy is the cause of the imbecility. These must be distinguished from those congenital cases which are complicated with occasional attacks of epilepsy, and which need not have an effect upon the intelligence. Improvement will take place if the fits cease; if they do not, there will be deterioration. A boy, aged sixteen, has improved so much as to be discharged "recovered," and is earning his living as a shoemaker. A girl, aged fifteen, made such progress as to be promoted to the position of monitress in the school, notwithstanding a tumour in the brain, of which she died. A little boy, aged nine years, on admission, three years ago, was very wild and unmanageable, but fond of music and singing. There is a history of paralysis and epilepsy on both sides of the family, his father and mother dying of the former disease. He is now a fairly well-conducted boy, has made good progress in the school, and has been put to work as a tailor. The next two cases show the other side of the picture. A boy, aged eleven, on admission three years ago, was able to say a few words, run about, and play. The fits have continued, and increased so much that he has greatly deteriorated. He can only say "stick" and "top." His power of spontaneity has utterly left him. He will sit still for hours together, if allowed, and is almost constantly whining and sorrowful. A girl, aged seventeen, has undergone so much deterioration that she has been discharged from the asylum as incurable. She was passing into a state of utter dementia.

3 and 4. *Paralytic* and *hydrocephalic* have been referred to under the head of Congenital Imbecility.

5. *Inflammatory.* — These are cases produced by some disease occurring in infancy or early life, not sufficiently grave to be fatal, but serious enough to cause mental impairment. The first case is that of a boy, aged sixteen, who had whooping-cough and gastric fever when two years and a half old, and since then his intellect has become impaired. The family history is good. He is not epileptic. On admission two years and a half ago he knew a few colours and the simple rules of arithmetic. He has made fair progress in the school, works as a tailor, acts as a page, and plays in the fife and drum band. The next, a little girl, aged eight years, had a serious illness when four years old. She became weak in her mind, and, on admission two years and a half ago, knew nothing. She has made very fair progress in school; can hem and sew; helps to dress the other children, and is useful in dormitory work. This class of cases usually improves, if not complicated with fits.

5 *a*. *Hypertrophic.*—Here there is hypertrophy of the brain—a somewhat rare affection. A boy, aged nine, is an example of this class. His head is enlarged, measuring twenty-two inches in circumference, and somewhat square in shape. He is weak in his legs, speaks slowly, and is epileptic. He has improved a little since admission, but is often dull and scarcely able to speak. He suffers a good deal from headache. He cannot wash or dress himself. In

speaking, his words come very slowly, not so much probably from defect of the centre for articulation as from defect in the higher centres. This disease is very likely to be confounded with hydrocephalus, and the distinctive diagnosis is therefore of importance. In hydrocephalus the increase in the size of the head is most marked at the temples, in hypertrophy above the superciliary ridges. In hypertrophy the head is square in shape, in hydrocephalus more rounded. In hydrocephalus there is often an elasticity over the late-closed fontanelle, in hypertrophy none. In hydrocephalus the distance between the eyes is increased from the fluid inserting itself between and distending the sutures formed by the frontal, ungual, and ethmoid bones; in hypertrophy this is not the case. In hydrocephalus we have to do with excessive fluid, in hypertrophy with excessive amount of brain, especially of the white matter. The boy above mentioned has not improved much in consequence of frequent fits, but in another case previously referred to, where fits were absent, much progress was made.

6. *Traumatic.*—In these cases, as the result of some fall or blow on the head, imbecility has occurred. A little girl, aged ten, became imbecile as the result of a fall on the head at birth. There is no history of nervous disease in the family, and she has had no fits. On admission, two years and a half ago, she knew a few letters and colours, and tried to sew. She can now read, write, sing, sew, and work in the dormitory. Unless there is injury to the brain severe enough to produce epilepsy, improvement in this class may generally be looked for. This girl will probably be sent out "recovered." Other cases of the kind under my care have not made so much improvement, from the fact that fits have occurred as a consequence of the injury and have continued.

7. *Endemic cretinism* has been referred to under "congenital imbecility." It comes on in early life as well as at birth. Improvement will take place according as the cretinism is slightly or strongly developed.

The *prognosis* of imbecility, having been referred to in describing the different classes, need not further detain us.

Treatment.

The treatment must be medical, physical, intellectual, and moral—the basis being *medical*, since there is generally a feeble constitution combined with feeble mental power. The diet must be liberal, and adapted to each class of patient; in the lowest class, who do not chew but "bolt" their food, the meat must be finely minced and the vegetables mashed up and mixed with it. The skin must be kept clean by frequent bathing; the apartment in which the patient lives warmed and well ventilated; the house in a healthy situation; the clothing warm, yet allowing perfect freedom of movement; as much time as possible being spent in the open air. Special medical treatment will be required in many cases, any paralysis of the limbs with atrophy of the muscles being treated by electricity, epileptic fits by appropriate remedies.

The general health having been looked to, the *physical* part of the treatment must be entered upon. The attention of the patient having been gained (sometimes no light task), the feeble muscles must be nourished, automatic movements checked, and want of co-ordinating power removed by a carefully devised course of gymnastics, so arranged that each muscle may be trained in detail. What is known as "musical drill" will be found useful, the patients going through certain movements to music, the teacher putting the patient's limbs through these motions until he learns to make them himself. Bad walkers may learn steadiness by walking between the rounds of a ladder placed on the ground, balance being taught by the aid of a plank raised a few feet, over which the imbecile is encouraged to walk. As improvement takes place, dancing, cricket, and athletic sports should be taught. Side by side with this goes on the *intellectual* treatment, which, to be successful, should be begun as soon as possible by means of concrete, in contradistinction to abstract, teaching. An estimate of the mental power should be made before commencing it, so that we may see what faculties most require cultivation and training. Since the senses are always in the lowest classes defective, the cultivation of these must be the basis of the training.

Touch.—Many patients have no idea of grasping. If they will not do so spontaneously, another hand must be placed over theirs to force it to grasp the object. Should the grasp be feeble, and the child unwilling to exercise any power he may have, put him on the steps of a ladder raised from the ground, and make him hold on to save himself, placing below him a mattress to prevent him from injury in case of a fall. To obtain more delicacy of prehension, he should put rivet nails into a board, wind strings, thread beads, &c. He must be taught the qualities and form of objects by the touch; to observe the difference between the round, the square, and the oblong.

Sight.—He must learn to appreciate the difference between light and darkness (place him in a dark room, and suddenly bring him into the light); the different colours, which he should be taught to match by means of coloured papers, coloured beads, or balls to be placed in cups of a corresponding hue; the shape and size of objects by means of blocks of wood cut into squares, triangles, and circles, and put in sockets of a corresponding shape and size.

Sound.—He must be taught to appreciate different varieties of sound, a loud crash being produced, if necessary, to arouse the patient's attention. In developing this sense, music will be found very useful. All imbeciles are fond of it—so much so, that they often hum tunes before learning to speak. The higher classes are capable of learning by note, and advantage has been taken of this at Clapton to form a fife-and-drum band.

Smell.—This sense is educated by holding bottles containing odours to the nose. At first little notice will be taken, but in time the unpleasant will be distinguished from the pleasant.

Taste is almost absent in the lowest classes, who cram their food into their mouths, apparently in order to fill their stomachs as quickly as possible; who will eat their fæces, if not prevented, and any kind of filth with which they may come in contact. This sense will improve concurrently with the others, if no organic disease be present. Eighteen months ago some of the more improved patients in the asylum for the first time asked to be allowed to have salt and vinegar with their food.

Speech is often defective, sometimes from want of co-ordinating power over the muscles, sometimes because there are no ideas to convey. In the latter case ideas must be created, in the former the defective articulation must be overcome by a course of tongue gymnastics, the well-known imitative faculty of imbeciles being here, as elsewhere, utilised. The nasal sounds "me" and "no" are easily taught, and words will follow in time.

Arithmetic.—On this point imbeciles are very deficient, and much patience is often required in imparting this knowledge. They must be taught to count objects, reckon money, the days in the week, and the hours in the day. The objective system must still be used. The ball-frame is useful, or a certain number of cubes or beads may be counted. Then the written symbols of figures should be learnt. The idea of quantity is usually attained spontaneously, most imbeciles being able to distinguish between a large and small piece of bread-and-butter. In the higher classes, addition, subtraction, multiplication, and division, are learnt. A shop-lesson, in which one patient acts as customer and another as seller, has been found very useful.

Reading should be taught also objectively. An object is put before the child, and a card with the word signifying the object, printed in large and clear type, is placed below it. The patient is taught to pronounce the word, and connect it in its mind with the object. Where these cannot be obtained, pictures on cards, with the words printed below, may be used. Cards with the word alone, are afterwards made use of, and connected together to form sentences, verbs being learnt by making the patient, if possible, perform the action required to be taught.

Writing.—The child is taught to make letters on the black-board, the teacher guiding his hand in the formation of letters; afterwards the ordinary copybook is used.

Drawing is taught by copybooks ruled in squares. The black-board is similarly marked. Lines first, and then devices are drawn on it, and copies of these are made by the patients in their copybooks.

All lessons must be simple at first, gradually becoming more complicated.

In addition, these imbeciles must be taught to dress and undress, to be neat in their persons, to use the knife and fork, and to handle things properly. Instruction should be given in different occupations, such as shoemaking, tailoring, carpentering, or gardening, the "half-time" system being carried out.

Finally, the *moral* treatment must not be neglected. That to do right will meet with a reward, to do wrong with punishment, which should be by moral means, must be inculcated.

Kindness, not severity, in dealing with these patients should be the watchword. Their affections are easily gained, and should be so cultivated that the deprivation of the love of those who come in contact with them should be felt to be a great punishment.

Care must be taken that plenty of amusement is provided, so that work and play may bear the proper proportion the one to the other.

In order that these advantages may be gained to the fullest extent, it is necessary that imbeciles should be educated together. Unfortunately, however, the few institutions which exist are nearly full, and so not many cases can be admitted. We may hope that the time will not be far distant when every county, or combination of counties, in England shall have its school for the training and treatment of imbeciles.

ON SAYRE'S APPARATUS.

BY SAMPSON GAMGEE, F.R.S.E.,
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IN an illustrated paper on "Surgical Swings and Pulleys as Aids to Rest and Motion," which was honoured with publicity through the columns of THE LANCET (July 13th, 1878), I sought to demonstrate the advantages to be derived, in carrying out Professor Sayre's suspension treatment for spinal curvature, from the employment of a self-stopping pulley block. Experience, in private and hospital practice, has justified the most sanguine anticipations of the advantages resulting from that contrivance. It acts smoothly and safely, entirely obviating the dangers which more than once have threatened suspension in the tripod with the ordinary pulleys.

A still further improvement may be effected by adopting Mr. Golding-Bird's worsted webbing head gear, with a running cord arranged, as he has suggested, to vary at pleasure the drag on the arms and head. Messrs. Salt and Son have just constructed for me an apparatus embodying these improvements with the self-acting pulley block, and the result is in every way most satisfactory.

It is true of this as of other methods of treatment, that in clumsy hands no perfection of appliances will ensure success; whereas, with exceptional skill and nicety of manipulation, the rudest contrivance may be made subservient to excellent results; nevertheless, to ensure the utmost advantages to patients, the combination of mechanical precision with scientific knowledge is of paramount importance. It is no less true that all methods of treatment, however sound in principle, and however skilfully planned, are liable to abuse, and cannot, even under the most favourable circumstances, be infallible. But their just merit is not detracted from by the assumption that judicious discrimination on the part of the practitioner is indispensable, and that invariable success is manifestly impossible.

Without entering into the question of priority, which is often irritating and rarely profitable, it must be admitted that Professor Sayre has by his treatment of spinal disease opened up a new field to the operating surgeon; not a *terra incognita*, it is true, for we all knew only too well the progress of countless patients through life-long suffering to premature death. What the distinguished American has taught us is, that by applying, with simple and painless contrivances, to spinal affections the well-established principles of the immovable apparatus, it is possible to promote the repair of lesions which otherwise would cause an inconceivable amount of pain, and in a large number of cases lead to fatal disorganisation.

Birmingham.

BEQUESTS ETC. TO MEDICAL CHARITIES.—Mr. W. R. Clapperton, of Edinburgh, sole executor of a gentleman whose name is not to be published, has, out of the "residue" of the estate placed at his disposal, paid £1000 to the Royal Infirmary, £200 to the Convalescent Hospital, £150 to the Royal Hospital for Sick Children, £150 to the Royal Maternity Hospital, and £100 to the Hospital for Incurables, all at Edinburgh. The Ulster Eye and Ear Hospital has received £1000 from Mr. George Benn, of Belfast.

ON THE ATROPHIC CHANGES IN THE HAIR KNOWN AS TRICHOREXIS NODOSA.

BY THOMAS C. FOX, B.A. CANTAB., M.B.,
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I SHOULD be loth to occupy valuable space in the columns of THE LANCET with remarks on such a comparatively trivial subject were it not that the affection is at present attracting some notice, and that, in consequence of the want of knowledge respecting it, repeated redescriptions are continually being made as independent observations. It seems therefore expedient to gather together into a collected form what has been written about the disease from scattered sources, and so place the subject in a more satisfactory light for subsequent observers. I wish, further, to compare such information with what I have myself observed.

Mr. Erasmus Wilson[1] states he has been acquainted for a period of thirty years with an affection of the hairs of the beard, moustache, and whiskers, in which the outer fibres of the shaft are broken through at short intervals all along the hair, causing an appearance of white specks to the naked eye. Provided, as usual, with an apt illustration, he says the condition may be "imitated by breaking a tough stick partially through, bursting the bark and outer fibres of the wood, and leaving the central fibres comparatively uninjured." Mr. Wilson claims the priority for his description of what he called "fragilitas crinium" in his work entitled "Healthy Skin."[2] He, however, in objecting to the name "trichorexis nodosa," subsequently applied by Kaposi, denies that there is any swelling precursory to the bursting, and says definitely he has never seen a nodal swelling on such hairs. In the year 1855 Dr. Hermann Beigel described a similar affection[3] under the title "On Swelling and Bursting of the Hair." An engraving after a drawing by Beigel is in the Dermatological Collection of the College of Surgeons, and it is important to note that Mr. Wilson recognises the disease as identical with his fragilitas crinium. In the catalogue (1870) it is called "trichoclasia," and subsequently Mr. Wilson suggested the alternative name "clastothrix." It appears that Dr. Wilks also (THE LANCET, Sept. 7th, 1878, with drawing made in 1852) was acquainted with the condition about the same time; for he published, in his "Lectures on Pathological Anatomy" in 1857, the account he had been in the habit of delivering at Guy's Hospital. Engel,[4] quoted by Kaposi, was acquainted with it too, but he described a kind of exudation from the cut-ends of the hairs, which then grew on, leaving the attached exudation as swellings on the hair. In 1867 Mr. Wilson exhibited some drawings (at present in the College of Surgeons) to the Royal Medical and Chirurgical Society[5] of an affection, which he called tricho-syphilis of the beard and whiskers. He considers this condition quite a distinct one from fragilitas crinium, and the drawings certainly do not show the characteristic fracture of the latter; but in the red hairs there are long fusiform blackish swellings, composed almost entirely of an expanded, much pigmented medulla in which are air-globules and the cuticle. The hairs were very brittle, broken off here and there, and split longitudinally, especially at the swellings. The condition occurred, not as part of the ordinary alopecia syphilitica, but when the patient was *in a very cachectic state* in the late secondary period of syphilis. Mr. Wilson considered that there was an arrest of development of the hair at the cell stage, and that no fibres were consequently formed. Again, in the *Journal of Cutaneous Medicine* (1869, p. 309) the same observer details a similar case—indeed, as far as I can judge, it is actually the same case. I think that this tricho-syphilis, though presenting some peculiarities, is undoubtedly only a phase of trichorexis nodosa. In the same journal (vol. iii., p. 133), Dr. Paxton, of Chichester, described still another phase of the disease, occurring in the *hairs of the axilla*, as a fairly

[1] Lect. on Derm., 1876-7-8.
[2] Third Edition, 1849, p. 231. Mr. Wilson says perhaps it was even in the second edition, but I have been unable to obtain a copy for reference.
[3] Sitzb. d. k. Akad. d. W., Bd. xvii., p. 612.
[4] Wiener. Akad. Sitzungst, 1856.
[5] I have been unable to find this paper in the Transactions.

common, but little noticed, condition. The affected hairs were broken off at the end, lighter in colour, of a dull gelatinous appearance, and were swelled and knotty. The deformity commenced a few lines above the bulb, and extended generally over the whole remaining length of the hair; but sometimes only a smaller portion was affected, or there were only a few isolated knots. He says the swelling was due to masses of foreign matter very closely attached to the hair in more or less of its circumference, but not usually surrounding it anywhere. The centre of the hair was little affected, but the outer part was frayed out into fibres passing into the masses of granular and obscurely fibred foreign matter. Dr. Paxton concluded, on very insufficient grounds, that the disease was parasitic. This phase should be considered with Engel's description, and is, doubtless, the condition referred to by Mr. Wilson under the name "leptothrix," in his recent lectures *(loc. cit.)*, as the loosening and partial detachment of the overlapping edges of the scales of which the cuticle of the hair is composed, which is especially met with in the axilla. He adds that hairs from this situation may be fringed from end to end, but usually more on one side than the other. Dr. Purdon, of Belfast, in the same journal (vol. iv., p. 253, 1871) discusses the affection called fragilitas crinium, and refers the reader to his work on "Neurotic Cutaneous Diseases." He denies the parasitic causation, and, though Dr. Beigel's drawing of the nodes was known to him, he seems to be discussing the common longitudinal splitting of hairs, when he says they may be uneven in length, fissured longitudinally, dry and broken, and this complicated by atrophy of the bulb, and sometimes slight desquamation of the cuticle of the scalp. In the year 1871 M. Devergie described the disease anew[6], as seen by him in 1864 and later, under the name "tricoptilose," provided for him by M. Littré. The peculiarity of the first of the two cases is that it affected the *hair of a woman's head*. Neither M. Devergie nor M. Gubler could find evidence of a fungus. These cases were shortly supplemented by two others by Dr. Luigi Billi, of Florence.[7] Dr. Billi, backed by Professor Michelacchi, confirmed Devergie's opinion as to its non-parasitic nature. Dr. Tilbury Fox[8] describes, under sycosis, an apparently similar condition, and gives a drawing of a very interesting appearance in which a node is crowded with minute but spore-like granules. He considered the disease parasitic, but having since examined many cases of trichorexis nodosa which have come under his notice, he is of opinion that, whatever that particular case may have been, the affection known as trichorexis nodosa is certainly non-parasitic. Kaposi[9] gives, in many respects, an excellent, but, as I think, incomplete account of it from matter contained in Beigel's and Engel's papers, and from examination of fifteen cases observed by himself. He was naturally unacquainted with Mr. Wilson's observations, as the latter are not recorded in some of the editions of "Diseases of the Skin" (e.g., 1863 edition). Kaposi could find no fungus. Without the slightest reference to any of these observations, M. Desenne communicates to the Académie des Sciences[10] a description of some hairs attacked by a fungus from the province of La Cauca, in Columbia. These hairs (and we have a confirmatory description by Mr. Malcolm Morris) appear to be examples of trichorexis nodosa, and I need not occupy space in describing them, as that has already been done[11], more than to notice one or two points. Firstly, the description of the fungus shows that, if a fungus at all, it is a remarkable one; indeed, Professor Osorio, of Bogota, who examined the hairs, failed to recognise its existence, and M. Desenne says the disease is non-contagious, and is cured by greasing the parts. Secondly, there would appear to be some air cavities developed in the medulla. Thirdly, the affection seems to be peculiarly common in Columbia. Fourthly, the nodes present the peculiarity of being so hard that they grate on steel or glass, and hence the name "piedra" given by the natives. As to the explanation of this latter peculiarity I will not hazard an opinion. Lastly, we have the recent discussion in the columns of THE LANCET arising upon the excerpt from M. Desenne's paper. It may be well to add that three recent text-books contain an account of the disease—viz., those of Neumann, Duhring, and Liveing, and the latter observer expressly states that he has seen cases *in the axilla*.

Having recently submitted to a thorough examination several specimens of hair thus affected from the face from my brother's cabinet (one of them in the last few days arrived from a medical man in India, and plucked from a European stationed there), also some kindly transmitted by Dr. O'Malley, and having had the pleasure of seeing Dr. Hoggan's interesting specimens, I have come to the conclusion that all the conditions described by the above-mentioned observers belong to one and the same category; and, taking Kaposi's account as my guide, I will make a few remarks in the form of a criticism upon it. That observer, in his section on "Atrophy of the Hair caused by Structural Alteration," after describing the varieties of atrophy due to the various forms of alopecia, the attacks of a fungus, and the dry and lustreless condition in cachectic individuals and those laid up by fever, says:—"There are only two forms of atrophic structural alteration in the hairs which we can set down ..... as idiopathic, inasmuch as ..... there is not any disease to which we can attribute the change in the hair as the result." The first condition is the splitting of the hairs at their ends into two or three or more parts, owing probably to the distance of the source of nourishment. The second condition is trichorexis nodosa. "We find on the hairs of the beard and moustache exceedingly small, somewhat transparent or glistening, conical swellings. There may be one, two, five, or more on the same hair shaft. The little cones are placed at shorter and longer distances from one another, like separate pearls on a string. On a slight examination they might be taken for ova adherent to the hair." The hairs are firmly fixed, they break easily and invariably at a node, and many are thus seen to be terminated by a brush. Kaposi describes the characteristic fracture of the *fibres of the cortex*, and says the medulla may be normal in width, or swollen out in the centre of the node, or it may be wholly wanting. Further, he has noticed, in the immediate neighbourhood of a node, the presence of highly refractile, conglomerated, cell-like corpuscles, looking as if they had burst out of the hair.

We must add to Kaposi's account that, as regards site, the affection sometimes, though rarely, is found on the hairs of the head (Devergie); and another phase of it, in which the fraying out of the cuticle is very marked, or the only structural change present is met with, especially in the axillæ (Paxton, Wilson, and Liveing). The appearances presented by the hairs to the naked eye are various. Though usually the fracture appears as a little white swelling, I have seen on hairs from the same beard also little black swellings, but this especially on red hairs. The white colour of the node arises partly from the loosening and fraying out of the cells, and partly from the absence of pigment at that spot. But hairs are also seen with long fusiform swellings interspersed with constrictions, such as in Mr. Wilson's tricho-syphilis; or the hair may be ragged almost its whole length, from the fraying of the cuticle. Another appearance given in extreme cases to the beard as a whole is a ragged character, and a felting of the hairs, owing to the latter breaking off at different lengths, and becoming twisted and bent in all directions. There is some probability that the felting seen in the hair of destitute women is partially due to this cause. Mr. Wilson denies the existence of any swelling precursory to the bursting, and I think he is right in the sense that the hair is not burst by any accumulating distending power from within. One may often see in the early stage of the fracture that there is no other enlargement than that due to the loosening and separation of the fibres. Dr. Beigel theorised the explanation of the bursting to be by the development of air within the hair—an explanation, however, which Kaposi does not accept; but I think that Mr. Wilson has offered the true explanation—viz., that, being exceedingly brittle, the hairs are broken at certain weakest points by combing, brushing, &c., and these points constitute the nodes. The fracture, however, is not invariably transverse, but is in this direction only when there is considerable cortex present. Should the medulla be present in excessive proportion, the fracture is often longitudinal. One finds also the two modes of splitting combined in the same hair, though the longitudinal fracture is usually seen only at the free extremity. I can fully confirm Kaposi's statement with regard to the proportion of *medulla* present, and the pigment is equally varied in extent of distribution; but, as a rule, it is absent in the nodes. In Mr. Wilson's case of tricho-syphilis, the whole hair almost was composed of medulla, and indeed there seemed to be no conversion of the cells into fibres. I have already remarked on the occasional *fraying out of the*

[6] Ann. Derm. et de Syph.
[7] Giorn. Ital. del Mal. Ven. del Mal. della Pelle, Aug., 1872.
[8] Skin Diseases, 3rd ed., 1873.
[9] Hebra on Diseases of the Skin, Syd. Soc. Trans., 1874.
[10] Comptes Rendus, Juillet 1, 1878.
[11] THE LANCET, Aug. 3rd, 1878.

cuticle, occurring either locally or throughout the length of the hair. The appearance presented under a low power is that of white adherent foreign matter; but a high power at once discloses its cuticular nature. In some cases I have found the cuticle of the hair partially or completely shed. Air-globules were only detected very occasionally about the nodes, nor have I found the hair-bulbs markedly affected.

There is only one other appearance I would remark on, and that is the existence of a fungus in this disease. It will have been noticed that almost all observers, until the discussion arose in THE LANCET, have denied such causation. That a fungus, however, may occasionally be very closely simulated, all those who have been in the habit of examining hairs, and especially those of alopecia areata, know well. I have seen bright granules in trichorexis in moderate number in the frayed-out cuticular cells and in the substance of the hair, and so have other observers, but never any that could be mistaken for a fungus in my own specimens. The presence of granules seems easily explicable as a result of degenerative changes that are probably going on in the cells. I had, however, the advantage of seeing some very interesting specimens belonging to Dr. Hoggan, in which the abundant presence of a fungus was simulated with a remarkable degree of closeness. Yet, I think, even here the small size of the spore-like bodies was unlike any fungus affecting the hair with which we are acquainted, and their arrangement also was unlike a fungus.

Kaposi calls the disease "idiopathic"; but I do not believe that it is any more so than alopecia areata, in which disease it is a matter of common experience that in many cases we cast about in vain for an evident cause. What the immediate trophic influences are that cause these structural changes—viz., the dryness, brittleness, and separation of the cells, the irregularities of pigmentation, and occasional arrest of full development of the hair, without loosening the hair in the follicle—it is difficult to explain; but certainly no mere absence of sebum could afford a complete explanation. It is important to note that Devergie states that in one of his cases the hair condition tended to disappear with improved health, and Erasmus Wilson has noticed a similar circumstance.

Some treatment is necessary, both because ignorance of the exact nature of the disease is often a source of worry and vexation to the patient, and further because the affection is certainly a hint given of disordered health, however obscure the other evidences of the latter may be. It has been found that clipping and shaving the hair are only occasionally successful in averting the hair changes. The natives of Columba seem to cure it by making greasy applications. But whether we keep the hair clipped or shave it, or apply oily or mild stimulating washes, the main indication seems to be to search narrowly for any derangement of the health that may exist, and treat the affection on similar lines to those adopted with regard to alopecia areata.

Harley-street, W.

CASE OF UNUNITED FRACTURE OF THE RADIUS AND ULNA.

BY ALLEN DUKE, M.D., M.R.C.S.,
SURGEON TO THE DOVER HOSPITAL.

GEORGE W——, aged forty-four, was admitted under my care for an ununited fracture of the above bones, of eighteen months' standing, from the kick of a horse.

Immediately after the accident he was seen by a medical practitioner, who placed the limb on a pillow and retained it there till the following day, when he made extension and applied splints and a bandage. He saw him daily for two months, keeping up extension, at the end of which time, as there appeared to be no union, he called in another surgeon, who told the patient to keep up his spirits, and that all would be shortly right. The splints and bandage were re-applied and extension kept up till the man became so very weary that he declined all further treatment, the arm remaining in the same state, and scarcely any union having taken place.

At the time of his admission there was great enlargement of the upper end of the radius, but no ossific union, and from the arm having so long remained in the prone position, the end of the lower portion of the radius was thrown forwards, overlapping the upper to the extent of about an inch and a half. (Fig. 1.)

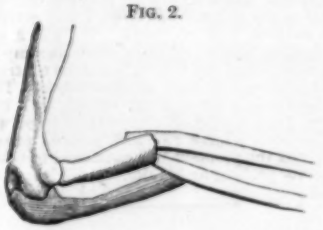
FIG. 1.

With the concurrence of my colleagues, I laid bare the seat of fracture, removed the ends of the radius, brought them into line, and retained them in that position by inserting two screws (held together by a twist of silver wire) of sufficient length to protrude through the skin, that they with the wire might be readily removed when they could with safety be dispensed with. They were kept in about eleven weeks, the limb being supported by an inside splint and bandage, at the end of which time, as perfect union had taken place, they, with the wire, were removed.

The case terminated most favourably, although the patient had an attack of erysipelas as well as small-pox during the period of treatment.

When the seat of fracture was exposed, slight union of the lower part of the ulna with the upper end of the radius was discovered (Fig. 2), but when the ends of the radius

FIG. 2.



were brought into apposition, those of the ulna so quickly righted themselves, that the arm was in a great degree restored to its proper shape and appearance.

Dover.

ON AN IMPROVED URINARY TEST CASE FOR USE AT THE BEDSIDE.

BY REGINALD G. ALEXANDER, M.A., M.B.,
SENIOR PHYSICIAN TO THE BRADFORD INFIRMARY.

I AM much indebted to Sir Wm. Jenner, Sir Wm. Gull, Sir Henry Thompson, Drs. Geo. Johnson, Garrod, Harley, Lionel Beale, Dickinson, Buzzard, Allbutt, and Lauder-Brunton, my friend Professor Paget, and many other members of the profession, for the kind and flattering terms in which they have spoken of the test case introduced by me for the purpose of enabling practitioners to have at the bedside on all occasions the means of examining the urine before prescribing, and of gaining thereby (when intelligently conducted) much valuable positive and negative information.

Dr. George Johnson, in THE LANCET of Aug. 4th, 1877, pointed out that he had found the use of capillary tubes for carrying nitric acid open to fatal objections; and, having at his request made observations on this point, I quite agree with him that the tubes are too small to be relied upon, for in neutral or alkaline urine the quantity of acid which they contain may be insufficient to render the urine acid and

then coagulate the albumen; or, if the albumen is abundant, the quantity of acid may be too small, first to combine with the albumen and then to coagulate it. It is therefore necessary to carry a bottle of nitric acid in every urinary case, and the great difficulty is how to do so without injuring the case. Dr. Johnson proposed that the nitric acid bottle should be enclosed in an ebonite box, but this of itself is not sufficient, and the plan which I have adopted is occasionally very lightly to grease the stopper with vaseline, a pure hydrocarbon. After using the nitric acid the stopper should be firmly replaced, and the bottle immersed in water to get rid of any acid which in the act of pouring may have got outside the stopper. To afford additional protection, the inside of the ebonite box may be greased with vaseline, or covered with a layer of paraffin, as Dr. Ord suggested. I believe that a weaker *non-fuming* preparation of nitric acid might be carried, and would answer every practical purpose as a test.

The urinary test case has recently been much improved, and is now as small as possible consistent with strength, durability, and practical utility. It is 5½ inches long, 2½ wide, and 1 inch deep. It carries a trial jar enclosing urinometer; a double ebonite case, containing at one end a nitric acid bottle, at the other a bottle for Fehling's test solution or liq. potassæ; two full-sized test tubes; movable bracket for holding trial jar and test tubes when in use; a spirit lamp with asbestos indestructible wick; a double ebonite case for test papers and matches; brass forceps for holding test tubes; a glass pipette.

I give abbreviated notes of two cases, among many others, illustrating the value of a bedside test case.

In July, 1877, I was called to a distance to see a gentleman whose organs appeared to be sound; dyspeptic symptoms, headache, and dyspnœa being his chief complaints. I was about to give rather a hopeful prognosis, but upon examining his urine, to complete the case, found it albuminous. He died comatose shortly after this date.

A gentleman made a proposal in a well-known insurance office, and as the amount was large, I was asked from headquarters to visit him in Leeds. He was a stout, florid, healthy-looking man; but upon producing my urinary test case I found albumen one-fourth. Granular contracting kidney was quietly doing its work of destruction. The office was saved a heavy loss; its medical referee, by a simple act of precaution (which should always be adopted where the insurance involves a large amount), escaped annoying consequences; and the proposer was cautioned to take the necessary steps for prolonging his life.

Bradford.

A Mirror OF HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

KING'S COLLEGE HOSPITAL.

REMOVAL OF THE ENTIRE HALF OF THE LOWER MAXILLA.

(Under the care of Mr. HENRY SMITH.)

DANIEL FREDK. W——, aged seven, fairly nourished and ruddy, was admitted on August 19th, 1878. He had had measles shortly before. Was taken to the hospital by his mother because he was not well and suffered from a fetid purulent discharge from the mouth. The child was fretful. He was placed under the care of Dr. Playfair for the first part of August. During this time Mr. Lister saw him, and extracted several teeth from the right side of the lower jaw. It was then found that the alveolus was necrosed. A boracic lotion was ordered for the mouth, and ten grains of chlorate of potash in half an ounce of water were given internally three times a day.

On August 19th the child looked fairly healthy. The mouth was kept half open, while saliva and pus ran continually down over the chin. The right cheek, chiefly at the posterior part, was swollen, shiny, and tender on pressure. The anterior two-thirds of the alveolus of the right half of the lower jaw was bare. The child could move the lower jaw, but the bare bone was not movable independently. The appetite was very good. The diet consisted of bread-and-milk and beef-tea.

On Sept. 16th a lotion of glycerine and carbolic acid was used. The child was about the same. Five grains of chlorate of potash and ten drops of dilute hydrochloric acid in water were given every four hours.

The bare bone remained quite immovable up till the middle of October, when Mr. Henry Smith detected a little mobility. On the 26th of that month the whole of the right half of the lower jaw was taken out, an elevator being inserted into the crevice between the dead and living bone and forcibly raised; the introduction of the hand into the mouth completed the process. The accompanying engraving shows the extent of the sequestrum.

On Nov. 1st the patient was more cheerful, and the appetite was good. New bone could be felt throughout the whole extent from which the old was taken. The fetid discharge was greatly diminished. Saliva was abundant.

On the 8th the left side of lower jaw was falling within upper alveolar border. Discharge almost all merely saliva, only slightly streaked with pus.

On the 20th the child was convalescent; in good health.

Remarks.—The interest in this case consists in its rarity. Portions, more or less extensive, of the lower jaw become necrosed after fever and other causes, but it is not often that such extensive mischief is met with as occurred in this case. Curiously Dr. Wiblin, of Southampton, who happened to be present on this occasion, informed Mr. Henry Smith that several years ago he had operated on a case where two-thirds of the lower jaw of a child, aged three years, was removed. The disease had appeared after measles. The case is referred to in a work on the teeth by the late Mr. Lintal, p. 54. The great rapidity and the thoroughness of the repair which had taken place in the case narrated above is also very striking.

NORTH-EASTERN HOSPITAL FOR CHILDREN.

PLEURISY WITH EFFUSION IN AN INFANT FOUR MONTHS OLD; PARACENTESIS; RECOVERY.

(Under the care of Dr. CAYLEY.)

GEORGE W——, aged four months, was taken as an outpatient to the hospital on October 22nd, 1878. He was a well-nourished, well-grown infant, fed entirely at the breast. His mother stated that he had always been healthy till the present attack. A week before, the child began to suffer from cough and difficulty of breathing, which soon became very great. Medical advice was obtained, and the mother was told that he was suffering from congestion of the lungs. She could assign no exciting cause for the attack, but said that immediately before, a scabby eruption, which had covered the child's head for some time, disappeared. The child continuing to get worse in spite of treatment, she took him to the hospital. He was then suffering extreme dyspnœa. The respirations were excessively rapid. He kept tossing his arms about, and throwing his head back. The extraneous muscles of respiration were brought into active play; but there was no laryngeal stridor, or inspiratory retraction of the ribs, and the face was not cyanosed. There

was a frequent short abortive cough. On examining the chest, absolute dulness was found over the whole of the left lung, with absence of breath-sounds. The heart was displaced, and the apex could be felt beating to the right of the sternum. The breath-sounds on the right side were much exaggerated. Dr. Cayley at once performed paracentesis. The trocar and cannula were introduced in a line with the angle of the scapula, and eight fluid ounces of very turbid serum, which solidified on boiling, were drawn off by a bell-jar aspirator. The mother then took the child home.

On Oct. 25th the child was brought again. The dyspnœa had been at once relieved by the operation, and had not returned. The breath-sounds were audible quite down to the base of the left lung, but the percussion-note over the back was deficient. On Oct. 29th the child appeared quite well, with the exception of a slight cough; the physical signs remained unaltered. On Nov. 5th, the child still had a cough, but was otherwise quite well. The scalp was again covered with a scabby eczematous eruption. The percussion resonance at the left base was still much impaired, and the breathing somewhat tubular.

Remarks by Dr. CAYLEY.—I believe this to be the youngest case of pleural effusion on record. Several cases of empyema and simple effusion in children between the ages of twelve months and two years have been published, and I have now in the hospital a case of empyema, which is being treated with a drainage-tube, in a child one year and ten months old. It is of course possible that cases may sometimes occur without being recognised. At the North-Eastern Hospital, however, where it is the practice to auscultate all infants suffering from dyspnœa, no other case under the age of twelve months has yet been met with.

TEWKESBURY HOSPITAL.

EXTENSIVE CARIES IN THE WRIST, IN A PATIENT AGED SEVENTY-THREE; AMPUTATION OF THE ARM; ERYSIPELAS ON THE FIFTEENTH DAY; RECOVERY.

(Under the care of Dr. DEVEREUX.)

FOR the following notes we are indebted to Mr. Hayward, M.R.C.S. &c.

John R——, aged seventy-three, farm-labourer, was admitted on July 19th. Up to four years previously he had good health. At that time the right wrist-joint began to swell and to be painful, but he continued to work for two years, though with some inconvenience. About two years and three months before admission, after exposure to cold, the swelling and pain increased suddenly, and in a few days an opening formed over the anterior and outer part of the joint, giving exit to much pale, thick discharge. Thenceforth his condition became steadily worse, and other sinuses formed on the dorsal aspect of the wrist; the pain continued.

On admission the patient was found to be an apparently healthy old man, but much weakened by severe pain. He had well-marked arcus senilis and rigid arteries. The urine was free from albumen. The joint was considerably swollen, with marked dislocation inwards, the styloid process of the ulna being very prominent. There was much œdema of the hand, and several sinuses with raised granulations, discharging thin, yellow pus.

Amputation having been determined on, ether was administered on July 21st, and Esmarch's bandage being applied, the operation was performed at the junction of the middle and lower thirds of the forearm, by anterior and posterior flaps. The vessels were secured by carbolised catgut ligatures. Not more than half an ounce of blood was lost. The patient recovered well from the ether, the pulse being good soon after the operation.

On examining the joint it was found to be extensively disorganised, the ligaments being in great part destroyed; the lower end of the radius and some of the carpal bones were bare and carious, and the synovial membrane was thickened and pulpy.

The patient continued to improve, taking food and sleeping well until the night of the 26th, when he was rather restless, and complained of pain above the elbow. On removing the dressings from the stump, it was found that the flaps were united, and there was no discharge or tension about them. Above the elbow, however, where the elastic tourniquet was applied, there was some œdema, and he complained of pain in this situation extending up the back of the arm to the shoulder. He continued in much the same condition up to August 1st, when he vomited his breakfast. The tongue was furred; temperature 101°; pulse 90; the œdema above the elbow was now red, and this redness extended to about the middle of the arm, the parts below the elbow being healthy. To have a wineglass of champagne and one teaspoonful of brandy every four hours, with milk and lime-water *ad libitum*.

On Aug. 5th, well-marked erysipelatous inflammation extended from above the elbow to the shoulder, the parts below the elbow being still free from pain or swelling. Tongue furred, but no more vomiting. To have thirty drops of tincture of perchloride of iron every four hours, beef-tea, eggs, and milk.

On Aug. 11th the erysipelas had extended round the shoulder and back of the neck, and half-way down the chest on the right side. Patient was delirious last night, refused to take food, but took the medicine willingly. The parts below the elbow still remained healthy. To continue the iron mixture, and also to take Liebig's extract, with sherry and citrate of ammonia and iron, every four hours. To be put on a water-bed, as the parts round the sacrum were irritable.

A few days later a small abscess formed above and at the back of the elbow, which was opened, giving exit to about an ounce of pus. The erysipelas had slowly disappeared, and on Aug. 20th he was gaining strength.

From this time he continued to improve, and with the exception of a small abscess which formed over the seventh and eighth ribs, and was opened, giving exit to healthy pus, and which continued to discharge for a week, there was no bad symptom. He was discharged well on October 3rd.

Remarks.—The above case is interesting on account of the advanced age of the patient, and his recovery after such a sharp attack of erysipelas; and although the elastic tourniquet, no doubt, excited the irritation above the elbow, still the use of Esmarch's elastic bandage and tourniquet prevented loss of blood to any extent. The carbolised catgut ligatures also answered well, as was shown by the flaps healing entirely by the first intention. Doubtless, the careful and constant watching the patient had in the hospital, with the timely use of the water-bed, tended much to promote his recovery.

NORTH HERTS & SOUTH BEDS INFIRMARY, HITCHIN.

CASE OF EXCISION OF KNEE-JOINT.

(Under the care of Mr. C. J. GRELLET.)

FOR the following notes we are indebted to Mr. J. W. Mason.

J. C——, aged twenty-three, was admitted on the 27th of January, 1877, suffering from diseased knee-joint. His father and mother were still living and healthy. The patient first injured (sprained) his knee while lifting a piece of iron on the Great Northern Railway, where he was working as navvy. He suffered very little pain, more in wet weather, and kept at work three years, when he again injured the knee ("dislocation of cartilage?") He was getting off a goods train travelling ten miles an hour, when he fell and struck his knee on the metal. This occurred on a Saturday. He was, however, able to walk to his home, about a quarter of a mile distant, and on the Monday following went to a London bone-setter, who said the cartilage of knee was dislocated. The patient returned home, having been ordered to apply glycerine and ice to the knee. Next day the knee got much worse, and was seven inches larger in circumference. He kept his bed fourteen days, and then again went to the bone-setter, who ordered glycerine, ice, and poultices. He kept his bed five weeks, and then obtained admission to University College Hospital, where he was under Sir Henry Thompson. Twenty-four days after he was discharged, greatly relieved, and was able in six months to resume work as a navvy, at which he continued to work for two years. One day, while at work, pain returned; he went home and rested six weeks. He was then admitted into the infirmary. On admission

he was ordered iodide of potassium and sarsaparilla internally, and tincture of iodine to the knee. The limb was contracted, and an 8 lb. weight was employed to straighten it. He was discharged April 14th, 1877, greatly relieved, with the leg straighter and the knee smaller. He went to Margate Sea-bathing Infirmary in May, and returned in July much worse. He was again taken into the infirmary on August 25th, 1877, suffering from chronic osteo-arthritis. The knee was blistered, and he took iodide of potassium mixture. The size of the knee was greatly reduced by repeated blistering. Discharged Nov. 27th, 1877.

While under treatment at the infirmary he had good nights, there was no starting of knee, and he was free from pain, but when at his home his nights were restless, the knee started, pain was great, and there was every symptom of hectic fever.

On February 2nd he was again admitted, suffering from chronic osteo-arthritis, ulceration of cartilage, &c., and on March 14th excision of knee-joint was performed by Mr. C. J. Grellet, in presence of Messrs. Foster and Shillitoe. After the operation the patient became cheerful. Diet consisted of milk, ice, brandy, and soda-water. Pulse 94; temperature 99°.

On March 15th temperature was 98°. The patient was cheerful, and took food well. Diet: meat, ice, milk, soda-water, brandy.

On March 16th, temperature, morning 101°, evening 100°. Knee re-dressed and re-adjusted. The temperature was normal next day, and continued so.

On March 22nd the wound looked well, and was partly healed. The patella was very prominent.

On March 28th the knee re-dressed and re-adjusted. The patient complained of pain in the afternoon, and again in the evening, but he was better towards night. Thirsty.

On the 29th the knee was very painful, and the patient thirsty. Next day, however, he was better, and free from pain. He progressed favourably from this date. He was able to leave his bed on the seventy-eighth day after the operation. He was discharged June 22nd, 1878. When seen on September 26th he was working in a garden, pea-picking. The leg was two inches short; he was able to walk a short distance without a stick, and with a stick he could walk one or two miles. His general health was very good, and he looked quite robust.

Medical Societies.

PATHOLOGICAL SOCIETY OF LONDON.

Peculiar Degeneration of Lung.—Primary Cancer of Suprarenal Capsule.—Epithelioma of Tonsil.—Lung containing Gummata and Tubercle.—The so-called "Piedra."—Hip-joint Disease.—Sarcoma of Scapula.

THE ordinary meeting of this Society was held on the 3rd inst., Dr. Murchison, President, in the chair, when a variety of specimens were shown.

Dr. SAMUEL WEST exhibited a specimen of Peculiar Degeneration of the Lung, of uncertain nature, with microscopical preparations and drawings. The patient, a tailor fifty-two years of age, came to the City of London Hospital suffering from a severe cough of six weeks' duration, accompanied by thick expectoration and great loss of flesh. He had been losing strength, and had suffered from some cough for six months. He lived but five days after admission, suffering from a high degree of pyrexia and much delirium. On post-mortem examination the right pleura was natural, the lung congested. On the left side the pleural sac was obliterated by loose adhesions, and immediately beneath the pulmonary pleura of the lower lobe were numerous cavities containing a greenish-opalescent, not gangrenous fluid, and intercommunicating with one another, to form irregular sinuses beneath the pleura, which was not thickened or otherwise altered. The cavities, which were of all sizes, were seated chiefly in the anterior surface of the lobe, both its inner and outer part, and coarse trabeculæ traversed the larger and more superficial of them. There were no cavities in the deeper tissue of the lung, nor dilated bronchi. For a short distance from the surface there was gray pneumonic hepatisation, and beyond that œdema of the pulmonary tissue, whilst immediately around the cavities were yellowish streaks radiating towards the centre of the lung. The smallest cavities contained greenish, transparent, gelatinous substance. The cavities increased in size as the surface was approached, microscopical examination showing that the apparently consolidated tissue was riddled with cavities, the smallest of which were no larger than an alveolus. They contained a coarse fibrillar network, in which was a homogeneous colloid substance, and their walls were lined by nucleated tissue. It appeared as if the cavities were formed by a peculiar colloidal degeneration of the infiltration which filled the alveoli, and implicated their walls, the infiltration consisting of large nucleated epithelioid cells, which became swollen, their nuclei breaking up. The change, beginning in the central cells of an alveolus, extended to the walls, and in many of the specimens a concentric disposition was apparent, either from continued growth and pressure within the alveolus, or by reason of swelling of the "colloid" substance. Dr. West remarked that it was difficult to decide whether this change should be considered an unusual form of pneumonia, or an epithelial new growth in the lung closely akin to cancer, but undergoing a peculiar degeneration. He was inclined to the latter view.—Dr. HARE said it appeared as if all the cavities were in the subpleural connective tissue.—Dr. D. POWELL said that in a case of acute catarrhal pneumonia following long-continued ozæna, he had found the cells of the inflamed tissue very epithelial in character; and he should look upon Dr. West's specimen as of inflammatory origin. The cavities were very near the pleural surface, some of them resembling emphysematous blebs.—In reply to the President, Dr. WEST said that the specimen showed cavities in the lung substance in an early stage of formation.—Dr. GOODHART believed he had seen somewhat similar appearances in pneumonia complicating emphysema. He also referred to a case in which excavation at the surface of the lung was produced by ante-mortem digestion of the tissue by gastric juice (brought up by severe vomiting) being sucked into the lung.—Dr. WEST believed the change he described began in the pulmonary alveoli. The argument that it was of the nature of pneumonia complicating emphysema was met by the fact that the change involved the interalveolar walls, as well as the alveoli.

Dr. WEST also exhibited a specimen of Primary Cancer of the Suprarenal Capsule, from a man who had suffered from winter-cough for some years. He came under care for hæmoptysis, considerable dyspnœa, and pain, with evidence of consolidation at the base of right lung. He died in three weeks, and there was found œdema of the upper part of right lung, and hepatisation of the lower lobe, which was also full of numerous areas of soft viscid blood-stained material, which occluded the bronchi. It contained polymorphous cells. The bronchial glands were enlarged. Over the right kidney, in the place of the suprarenal capsule, was a tumour five inches in length, the vena cava and renal vein being stretched over it. The kidney was healthy, and the left suprarenal capsule natural. One abdominal lymphatic gland was infiltrated. There was no skin-bronzing.—The PRESIDENT inquired if Dr. West had heard before of so large a tumour of the suprarenal capsule.—Dr. GOODHART said there was a specimen of a very large suprarenal capsular tumour in the museum of the College of Surgeons.—Dr. COUPLAND said that a case of soft cancer of a suprarenal capsule and of the liver had been related by Dr. Henry Thompson. (*Med. Times and Gaz.*, June 10th, 1874). In that case the tumour was three or four times the size of the kidney, which was natural, and the right capsule was unaffected. It was a question whether the growth was primary in the liver or capsule, Dr. Greenhow thinking the former, from the rarity of primary cancer of the suprarenal capsule; but the great size of the growth, and its advanced condition, were points in favour of the alternative view.—Dr. HARE recalled a case under his care at University College Hospital, in which a diagnosis of cancer of the kidney, with exceptional physical signs, was made, and it was found that the suprarenal capsule was the seat of cancer, forming a tumour at least four inches in diameter, and larger than the kidney which it displaced downwards.

Mr. LENNOX BROWNE showed a patient suffering from Epithelial Cancer of the Tonsil, a form of new growth in this region, which he believed to be very rare, no such case

being recorded in the Pathological Transactions, and his own experience being that the usual form of tonsillar new growth was that of lympho-sarcoma. The man was an engine-driver, thirty-one years of age, who was first seen six months ago, when he complained of obstruction of the left nostril and pain in the left ear. He then weighed 9st.; now he weighs but 7st. 4lb. A week or two ago he came under Mr. Browne's care. There was then a large lobulated warty growth in the region of the left tonsil; but the tongue, uvula, and pillars of the fauces were quite free. Mr. Browne removed several portions of the growth by means of the galvano-cautery. There was no history of syphilis in the case, and already there was infiltration of glands behind the jaw.—Mr. PARKER had examined two cases of cancer of the tonsil, both epithelial; one figured in the last number of "Druitt's Surgery." Both were in young subjects, about eleven years of age, and the disease eventually impeded respiration, so that tracheotomy had to be performed, and life was prolonged for some months. One of these cases was under the care of Mr. Rivington, the other under Mr. Jas. Adams, at the London Hospital.—Mr. LENNOX BROWNE said this was the eighth case he had seen; the youngest subject was thirty-nine, most of the patients being between forty and fifty years of age. Mr. Parker's cases were interesting from the youth of the subjects and the rarity of the growth.

Dr. GOODHART exhibited a specimen of a Lung containing Gummata and Tubercle, obtained from the body of a man thirty-seven years of age, admitted into Guy's Hospital with syphilitic periostitis and amyloid viscera. The lung contained, in many places, yellow, tough, elastic, sharply defined nodules, closely resembling gummata; and also disseminated throughout it was much grey tubercle. The man's father had died of phthisis. There was no ulceration either of bowel or larynx. Whether these masses were gummata or not must, Dr. Goodhart thought, be a matter of opinion. Microscopically, the presence of some catarrhal products in the midst of the fibrous and cellular structure of which the masses were mainly composed was rather in favour of these being really areas of caseous pneumonia. But their peculiar distribution and close resemblance to gummata in other organs led him to believe that they were syphilitic in nature, their histology being indistinguishable from tubercle. Dr. Goodhart also showed the lung from another case—that of a man admitted into the hospital with hæmoptysis, from which he died in a few minutes. A large fibroid mass occupied the upper part of one lung, with tough, yellow, elastic patches, like gummata, interspersed. Some of these masses were breaking away from the surrounding tissues, and, in separating, had caused ulceration and hæmorrhage. Without any history in that case, he thought these changes were syphilitic. In this lung also were some hard, shot-like nodules, which had the microscopic characters of tubercle.—In reply to the President, Dr. GOODHART said that he was at once struck with the resemblance of the masses in the lung to syphilitic gummata, before the fact of there being any syphilis in the case was known to him.—Dr. POWELL asked if there was any history of hæmoptysis, for the appearances resembled those described by Dr. Reg. Thompson as resulting from the relics of pulmonary hæmorrhage. The specimen struck him as being one of old caseous pneumonia.—Dr. GOODHART said there was no history of hæmoptysis, nor, indeed, of any lung trouble. The man contracted syphilis ten years before, and was intemperate.—Dr. GREEN thought the distribution, and especially the multiplicity, of the masses were in favour of their pneumonic rather than syphilitic origin. He agreed with Dr. Goodhart as to the impossibility of distinguishing gummata from tubercle histologically.

Dr. PYE-SMITH showed specimens of the disease of the hair described as "Piedra," but improperly so, since there was an affection in South America of that name characterised by excessive hardening of the hair. The affection described (see THE LANCET, Aug. 24th, 31st, and Sept. 7th, 1878) was the same as that mentioned by Dr. Willis in 1859 (see THE LANCET, Sept. 7, p. 347), and two or three years before that it had been described by Dr. Beigel in the Transactions of a Vienna Society, and is also included by Kaposi in the last edition of Hebra's work. The hairs exhibited came from the whiskers, which presented little white spots smaller and more opaque than the ova of pediculi. Microscopically, the earliest affected hairs showed regular swellings, and then a splitting of the harder cortical layers, much in the same way as the bark of a green twig splits when it is twisted. The splitting continues till the whole cortex is broken across, and the soft medullary contents ooze out. The real nature was difficult to determine; no undoubted parasitic spores can be seen in it. It is not contagious, and is cured by simply shaving off the affected hairs. Beigel thought it depended on some development of gas in the medulla, which bursts the hair. Dr. Pye-Smith suggested it might be due to preternatural dryness of the hair.—Mr. KESTEVEN had recently had a case of this kind under notice, where the hair in the pubes was also affected. It seemed to be due to swelling of the medulla of the hair.—Dr. HOGGAN said there was no doubt that two different diseases were described in the recent controversy, and that the specimens shown by Dr. Pye-Smith agreed with those of Dr. Wilks. But the case under his own observation differed from the latter in the presence of large masses of bodies in the hair resembling fungus-spores, or else depending on degeneration of the cells of the pith of the hair. In that case the affected hair, which had been white, turned brown.

Mr. MORGAN exhibited a recent specimen of Hip-joint Disease, from a child who died of tubercular meningitis five months after the onset of hip symptoms. The head of the bone was dislocated on to the upper edge of the acetabulum, the capsular ligament was entire, and kept the bone from wearing a depression in the dorsum ilii, as frequently took place. The whole of the ligamentum teres was destroyed, but the cartilage was entire, although slightly opaque. The synovial membrane lay at the bottom of the acetabulum as a pulpy mass, and in it were some doubtful "granulations." There were caseous mediastinal glands, cheesy tubercle in spleen and liver, as well as tubercle in pia mater and lungs, and the question was raised whether the joint affected was tubercular also. There did not appear to be any disease in the head of the bone itself.—Mr. BAKER had only once seen the head of the bone dislocated on to the dorsum ilii in morbus coxæ, and he thought this had been far too often assumed to take place. In the early stage there was only a partial dislocation, due to the loss of the ligamentum teres, and in later stages, when the head of the bone was destroyed, it was pulled up on to the acetabular margin.—Mr. WALSHAM suggested that in this specimen the absence of the ligamentum teres was a congenital defect, and not due to disease, seeing how smooth the cartilage was.

Mr. MORGAN also showed a specimen of Sarcoma of the Scapula in an Infant, the last-born of thirteen children, nine of whom had died in infancy. When four weeks old a small lump was noticed on the left shoulder over the acromial process. This increased in size, and several subcutaneous nodules appeared over back, chest, and abdomen; rapid emaciation and enlargement of the abdomen followed, and death took place in five weeks. The tumour proved to be a round and oval-celled sarcoma, growing from the periosteum of the scapula. It was of firm consistence, but secondary growths, which occurred in the heart-wall, in the retro-peritoneal glands, in the kidneys, and suprarenal capsule, were soft and degenerating. It was interesting from the early age of the subject, and the dissemination of the growth, which was probably of the class hitherto described as "congenital cancer," but really sarcomatous in nature. Mr. Walsham had recorded a case of tumour of the clavicle in a boy aged fourteen (Path. Trans., vol. xxvii.), and last year showed a specimen of a sarcoma of the thigh in an infant five months old.—Mr. WALSHAM said that he had learnt from Mr. Marshall, under whose care the child was, that there had been no recurrence in the last-named case.

PROVINCIAL MEDICAL SOCIETIES.

LIVERPOOL MEDICAL SOCIETY.—At the meeting of the Microscopical Section on November 15th, Dr. W. Carter, Vice-President in the chair, Mr. R. HARRISON showed a specimen of Myxo-sarcoma of the Femur. The tumour had rapidly grown from the lower end of the femur of a man aged thirty-three, having been first noticed after an injury received three months previously. Its malignant nature being recognised, the limb was amputated. The lower end of the bone was found to be split up, and the periosteum raised by a very soft gelatinous growth, exuding a viscid ropy fluid on section. It was composed of stellate cells, in the meshes of which were very large, round, oval-shaped cells. The capsule and septa were very vascular. Mr.

Harrison also showed a section of an Enchondroma removed from the hand of a boy, in which the cells were very irregular in distribution and stage.—Mr. BANKS described a remarkable case of Osteo-malacia in a woman aged thirty-four. Her illness dated from the birth of her fourth child eighteen months ago, beginning with slight paraplegia, then pain in right thigh, which, on examination, was found to be fractured. The thigh was put up in a Liston splint, but did not unite properly, and while she lay in bed other bones broke spontaneously, until nearly all the long bones in the body were fractured. The chest fell in, and dyspnœa was urgent. She died of exhaustion. The femur and humerus were shown; they were fractured in several places. Sections, cut without decalcification, showed great enlargement of the Haversian and medullary spaces, which, running into one another, had replaced the greater part of the compact tissue of the cortex. The marrow was infiltrated with raised nucleated cells, and was permeated everywhere with dilated thin-walled vessels full of blood. The main feature was decalcification starting around the Haversian canals.—Dr. GLYNN showed specimens of Internal Hypertrophic Pachymeningitis of the Cord, in the cervical region, from a woman aged thirty-five, whose illness commenced with violent shooting pains down the spine, then, after pains and tinglings in the hands and arms, they became gradually paralysed; then anæsthesia over chest and abdomen, then in legs, and later loss of motion. The muscles of the hands began to atrophy, and then extreme extension of the lower extremities occurred, indicating descending changes in the cord. After repeated attacks of coma she died, and the cord was found wholly destroyed in the region of the pachymeningitis, and for a little distance above and below the whole structures were indistinct. Further away the grey matter was quite normal in appearance; but above, the posterior median columns showed ascending degeneration, while below, to the extremity of the lumbar region, there was well-marked sclerosis in the lateral columns.—Mr. RUSHTON PARKER showed specimens of a round-celled Sarcoma of large size, which he had removed from the buttock of a boy.

GLASGOW MEDICO-CHIRURGICAL SOCIETY.—The third meeting for the session was held on 1st October; Dr. Fergus, President, in the chair.—Dr. ROBERT BELL exhibited Tarnier's Forceps, and demonstrated its action upon a model.—Mr. W. T. Reid objected to the thickness of the blades and to the screw, but approved of the principle of the instrument.—Drs. Sloan, John Reid, Hugh Thomson, and others took part in the discussion. Some of these gentlemen doubted whether the advantages of allowing traction in the axis of the pelvic canal, and indicating the direction in which traction should be made, were not more than counterbalanced by the dimensions and complexity of the instrument.—Dr. M'CALL ANDERSON exhibited a patient, aged nineteen, suffering from Addison's Disease. Taking it as proved that the disease was due to scrofulous affection of the suprarenal glands, he had given anti-strumous treatment, cod-liver oil, with counter-irritation over the kidneys, and with marked improvement in all three respects, as regards general health, colour, and weight. Dr. Anderson also related a case of Addison's Disease in a man upwards of fifty years of age, with vitiligo on the extremities. On post-mortem examination the diagnosis was fully verified. Greenhow has reported a case with the same peculiarity. Dr. Anderson accounted for the coincidence on the theory that vitiligo, as well as Addison's disease, is dependent on some perversion of the function of the sympathetic nerve. He also detailed two cases in which there was a concurrence on the same patients of alopecia areata and vitiligo; and drew the conclusion that these two diseases and Addison's disease are probably etiologically related to one another.—In the discussion, Dr. Gairdner cautiously declined to theorise on the alleged relationship.—Dr. Renton suggested, as a possibility of the future, the removal of the diseased capsules in Addison's disease.—Dr. Joseph Coats stated that in three cases he had found miliary tubercles in the capsules.—Dr. Charteris, in mentioning a case lately under his care, expressed some doubt of the value of anti-strumous treatment in a typical case.—Dr. Perry mentioned that he had at one and the same time under his care five cases of Addison's disease, with vitiligo of the extremities.—Dr. Anderson, in reference to this, was inclined to think that there had been an error in diagnosis, the diseases being separately rare, and, in combination, very much more rarely met with.

Reviews and Notices of Books.

The Surgeon's Handbook on the Treatment of Wounded in War. A Prize Essay. By Dr. FRIEDRICH ESMARCH, Professor of Surgery to the University of Kiel, Surgeon-General to the Prussian Army, &c. Translated by H. H. CLUTTON, B.A. Cantab., F.R.C.S., Resident Assistant-Surgeon, St. Thomas's Hospital. With 536 woodcuts and 30 coloured plates. London: Sampson Low, Marston, Searle, and Rivington. 1878.

THIS beautiful work, which is dedicated by the author, with the deepest veneration, "to Her Majesty the Empress and Queen Augusta, the noble patroness of military surgery, the all-admired conductress of philanthropy against the terror of war," was awarded, in 1874, the first prize offered by her Majesty the German Empress on the occasion of the Vienna Exhibition, for the best handbook on surgical appliances and operations for the battle-field. The jurors were Professor B. von Langenbeck of Berlin, Professor Billroth of Vienna, and Professor Socin of Basle. The competitors were numerous; but the essays of Professor Esmarch of Kiel, Surgeon-Major Porter of Netley, and Dr. Landsberger of Posen, were found to possess extraordinary and almost equal merit. The essays presented by these gentlemen were so good that the jurors, finding it impossible to draw a hard-and-fast line, recommended that the prize should be divided. Professor Esmarch was accorded the first prize for the book here noticed. Surgeon-Major Porters excellent handbook was reviewed in THE LANCET, vol. ii. 1875.

Acting on the opinion that a handbook on surgical appliances and operations for the battlefield ought to be more especially employed as an aid to the memory, the author has relied more on carefully-prepared illustrations than on word-descriptions. He very properly observes that in the time of battle there is but little time for reading, but a glance at an illustration clearly representing a dressing, an operation, or an anatomical dissection, will at once recall what has been previously learned, but may have, for the time, escaped the memory. The book accordingly contains many illustrations with the shortest possible text.

Besides fulfilling its principal object, the book is otherwise serviceable. It may be used to instruct younger military surgeons and attendants, and to serve as an illustrated catalogue to the depôts of material for volunteer aid in time of war.

After the decision of the eminent jurors, it would be sheer impertinence to pretend to approve or censure Professor Esmarch's book. We are content to commend it to the attention of all English surgeons, merely adding that the translation, printing, paper, illustrations, and binding, are all of the first order.

An Essay on the Pathology of the Œsophagus. By JOHN F. KNOTT. Dublin: Fannin and Co.

THIS essay obtained the gold medal of the Dublin Pathological Society two years ago, and, from the favourable opinion of its merits expressed by the judges, the author has been induced to publish it. It is "the work of a medical student hastily constructed during the few hours of leisure that were left him while preparing for his 'first half' examination, perpetually haunted by the grisly shadows of the dreaded examination rising ever and anon before his mind's eye." It makes no pretence to any originality, but is an attempt to bring together the records of cases which are scattered through medical literature. Cases of disease of the œsophagus are "few and far between" even in the practice of the most experienced, and they are usually of such a nature that success in treatment is out of the question. These considerations, coupled with the fact that the diseases met with are seen more often affecting other regions, and present nothing special in their nature, have led to a

neglect of the subject by most practitioners. A compilation such as the one before us is therefore specially required. The author devotes the first chapter to a description of the anatomy of the organ and of its functions, and details the effects of stimulation or section of the vagi nerves. Then the abnormalities are mentioned, the most interesting cases being cited at length. Œsophagitis in all its forms, and its various complications, are fully treated of, and separate chapters are devoted to the consideration of perforation, rupture, digestive solution, paralysis, spasm, morbid growths, foreign bodies, injuries from caustics, wounds, syphilis, and dysphagia. It is evident that great care has been taken in collecting the materials for the work, and the illustrative cases are well and fully cited, so that it will serve as a useful book of reference. But we have been struck with the want of good arrangement manifested in several parts, not only in the order in which the diseases are treated, but of the matter in the individual chapters. The chapter on œsophageal dysphagia is very disappointing. Only a few of the causes of this symptom are treated of, and no effort is made to bring out the distinguishing characteristics of these. If another edition of the book should be called for, we hope the author will recast this section, and discuss the diagnosis of all the various forms of dysphagia, and thus supply a real need of the practical physician.

OUR LIBRARY TABLE.

The Book Analyst and Library Guide: A weekly journal for readers, teachers, and students. No. 1. London: S. H. Lindley and Co.—This is a laudable attempt to give an analysis of every book of importance that comes into the English market. A classified list is given, "so that the reader, be he politician, theologian, teacher, doctor, or historian, will be able at once to light on the particular information he requires, without having to wade through an immense mass of irrelevant matter." This task is certainly large and difficult, and can only be successfully performed by the co-operation of editors and authors, publishers and readers. All book buyers and readers, too, will rejoice at the success of the scheme. The first number can scarcely be expected to be without blot or blemish; but the editors need not to be reminded that a book analyst is nothing if not accurate. "The Alcohol Question" is announced as discussed in the magazines by Mr. J. Paget, D. T. Lauder Brunton, and Dr. Albert Bernays. There are errors of commission and omission. The name of the magazine is omitted. Mr. J. Paget was made a Baronet years ago, and is, therefore, Sir James Paget. Dr. Brunton's initials are not D. T., but T. L. only. "Selections from the Kuran," with a commentary, by Edward William *Law*, and revised by Stanley *Law* Poole. The names should read Edward William *Lane*, and Stanley *Lane* Poole. "Proof reading" is weary work, but it is rarely safe to neglect it.

Life and Education of Laura Dewey Bridgman, the Deaf, Dumb, and Blind Girl. By her teacher, MARY SWIFT LAMSON. With an Introduction by EDWARD A. PARK, D.D., &c. 8vo, pp. 372. Trübner and Co. 1878.—This is a carefully written, complete account of the life and education of Laura Bridgman by a lady who was one of her teachers for a period of three years. Dr. Howe, the director of the Perkins Institution and Massachusetts Asylum for the Blind, under whose charge and by whose skill the education was successfully carried out, had proposed to have written the history of this remarkable case, made familiar to all English readers through Charles Dickens's "American Notes," but his death took place before the purpose was accomplished. Mrs. Lamson includes in her work all the material parts of Dr. Howe's annual reports relating to the subject (now, it would appear, nearly out of print), as also an account from the lady, Miss Drew (now Mrs. L. H. Morton), who assisted Dr. Howe in the early efforts at tuition, of the methods then pursued, and the earliest manifestations of comprehension. The interest of the book and its value are enhanced by the complete record of dates. It is pleasant to read that Laura Bridgman now lives in the summer and autumn with her relatives in New Hampshire, and for the remainder of the year at the institution from which she has received so much benefit, and that in her declining years she will be tenderly cared for, thanks to the thoughtful care of Dr. Howe before he died.

Revue des Sciences Médicales en France et à l'Etranger. No. 24. Oct. 15th, 1878. Paris: G. Masson.—This quarterly record of current medical science, edited by Dr. Hayem, has now become thoroughly well established. In addition to the usual abstracts of papers and the extended bibliographical references there are two essays under the heading of "Revues Générales": one, by C. Richet, deals with the Chemistry of Digestion; the other, by H. Hallopeau, with he Doctri ne of Pneumonic Fever.

Health Lectures for the People. Delivered in Manchester, 1875-6, 1876-7, 1877-8. Vol. I. Small 8vo; pp. 106 and 178 (separate pagination). Manchester: J. Heywood.—This is a cheap publication of the lectures on questions of health delivered under the auspices of the Manchester and Salford Sanitary Association. Among the lecturers we find the names of Dr. Daniel Noble, Dr. Arthur Ransome, Dr. Sinclair, Dr. Simpson, Dr. Haddon, and Dr. Vernon of Southport. The lectures abound with excellent knowledge and advice; but while all the world is put under contribution for illustrative matter, Manchester itself would appear to furnish very little for its own instruction. Is Manchester sensitive on this score?

Poverty in India. By DADABHAI NAVROJI. 8vo, pp. 79. Vincent Brooks. 1878.—The object of this pamphlet is to show that under the present system of administration India is suffering seriously in several ways, and is sinking into poverty. The author holds that the chief causes of the growing exhaustion of that country's means are the excessive expenditure on the European portion of its public services, and the burden of a large amount per year to be paid to *foreign* countries for interest on the public debt, which is chiefly caused by the British rule. The pamphlet is of interest as a contribution to the discussion of a very difficult question by a native gentleman of great intelligence.

THE REVISION OF THE MEDICAL COUNCIL.

II.

BEFORE leaving the consideration of the disqualifications of the Corporations to be so strongly represented as at present in the Medical Council, we have two further remarks to make in the way of objection. The first is, that their governing bodies are not chosen by the votes of their members, but of their fellows. In other words, they are very closely conducted bodies, which but faintly represent the feeling of the body of the profession. After receiving his diploma, and paying his large fee for it, the member or licentiate of a medical or surgical corporation has no corporate functions, he exercises no influence over the affairs of his College, and probably to the day of his death never has an official communication from it. He may commit serious offences against professional custom and feeling, and not even have the kindly advantage of a rebuke. Conviction of a serious crime will secure the erasure of his name. Our second remark is that the fusion of the Corporations in a Conjoint Examining Scheme, which seems likely to be the first experiment in the direction of a satisfactory Examining Board, is an additional argument for discontinuing the representation of the individual Corporations in the Council.

We come now to consider the

UNIVERSITY ELEMENT IN THE MEDICAL COUNCIL.

It consists of eight representatives, as follows :—

Oxford	1
Cambridge	1
London	1
Durham	1
Edinburgh and Aberdeen	1
Glasgow and St. Andrews	1
University of Dublin	1
The Queen's University...	1

Whatever may be thought of the wisdom of giving such large representation in the Council to bodies interested in maintaining certain traditional methods of education, it would be utterly impossible to justify such curious facts as are expressed in the above table. We have lately been told that the University of Oxford has not one medical student; yet this University has a separate representative, and the Council itself, with a strange instinct, so representative of delicately conflicting interests, in choosing a President, chose one who, with many personal claims to the office, had the strong disqualification of being identified with a University that, with enormous resources, has discredited itself in Europe by contemning the sciences generally, and medicine in particular, and by appropriating to sectarian purposes large funds that were bequeathed for purposes medical and scientific. Cambridge is distinctly more entitled to her separate representative. But when we turn to the fact that Edinburgh, with her great and just reputation in connexion with medical education, and her thousand medical students, has only half a representative, or, in other words, during alternating periods of five years is represented only by the nominee of another and competing university, we must be struck with the fact that the university representation is founded on no just or intelligible basis. Can anything be more absurd than to give the University of Durham more representation in the Medical Council than any of the three active universities of Scotland? or the Apothecaries' Hall of Ireland as much representation as the two universities of Edinburgh and Aberdeen, with their 1200 or 1500 medical students?

It is interesting to classify the nineteen bodies which send representatives to the General Medical Council. Some are solely examining bodies; others are both educating and examining. Thus there are—

Of Examining Bodies	10
Of Bodies which both educate and examine	9

The Crown representation in the General Medical Council need not detain us long. The nominees of the Crown have generally been men of the very highest worth and eminence, and it is to the credit of the present Government that they broke through an almost invariable rule of electing only consultants as Crown members. The appointment of Dr. Fergus is a recognition of the importance of having on the Council men familiar with general practice and the education needed for those who follow it.

It cannot be too strongly observed that, whereas the *raison d'être* of the Medical Council is to provide, not consultants, but good practitioners, for the general medical purposes of the public, good general practitioners are conspicuous by their absence in the Council, and that special branches of practice have no representatives. There is not an ophthalmic surgeon on the Council, nor an accoucheur, in the special sense of that word.

We come now to consider

THE POWERS AND THE WORK OF THE COUNCIL.

Passing over the almost clerical duty of registration, and the judicial duty of erasing names which have become unworthy of the Register, the Council is, *par excellence*, the *General Council of Medical Education*. This is its chief and most honourable function. It is, above all other purposes, to facilitate and improve medical education that the twenty-three or twenty-four gentlemen composing the Council come together from all parts of the kingdom. In virtue of this function the Council has considerable powers, which may be thus summarised :—

1. It can require of the several examining bodies information of the course of study they demand.
2. It can depute visitors to attend and report on the examinations.
3. In case the course of study or the examinations in any such body should appear to the Council to be defective, it can represent the fact to Her Majesty's Most Honourable Privy Council, and the Privy Council may suspend the right of registration in respect of qualifications granted by the body in default.

It must be admitted that these powers are limited. The Council has no power of enforcing recommendations based on the reports of its visitors. If they are not acted on by the bodies, the circumstance excites little attention. The severe course of reporting a body to the Privy Council has never yet been taken. Not only has the Medical Council not the power of authoritatively regulating medical education, but it does not wish for such power. This has often been made clear in the discussions of the Council, and especially so in the course of the present year. The Duke of Richmond's Bill was very properly worded so as to give the Council real power to make examination-rules securing that similar qualifications in different parts of the country should be granted on like terms in all cases. Most significantly the Council declined the honour and the great responsibility offered by the Duke, and begged to be allowed to enjoy as heretofore only the restricted duty of general superintendence and costly talk. The motion in which this eminently characteristic feeling of the Medical Council was expressed is most instructive, and must be here reproduced.

"That the duties of the Medical Council in relation to the various medical authorities (whether in separate or in joint action) should not be extended to the initiation of the examination-rules under which qualifications are to be granted, but should in general remain restricted, as now, to duties of superintendence and control, with power of making representation to the Privy Council in cases of default."

Could there be a clearer proof than this motion affords that the Council never rises to its duties, that it never loses the consciousness of being made up of a set of individual corporations, whose individual authority must be maintained, to the injury of the profession and the disadvantage of education? The Duke of Richmond's motion proposed to give it full powers. Enough for the Council to receive full pay and to decline responsibility. Can the Medical Council of Education, in the face of such a tendency to shirk authority and duty, complain that it is not respected by the profession? Or can the Lord President have a clearer proof that the real way of securing better medical education is to create a Medical Council that really wishes to have the legal power to compel that which it was mainly created to secure?

"WHAT HAS THE MEDICAL STUDENT TO DO WITH PHYSIOLOGY?"

LAST Tuesday evening, Professor Michael Foster, of Cambridge, delivered an address on this subject in University College, London, before the members of the Medical Society in connexion with that institution. There were, he said, several reasons why this question should be considered. For some years the medical student's studies had been growing in number. Having long suffered from the evils of over-examination, he now had to sustain the additional

burden of over-teaching. Every hour of the day is devoted to lectures on this, that, or the other subject, or to this or that practical work; and an intellectual Samson entering upon a medical curriculum might well fancy he sometimes heard a voice saying "The professors are upon thee." It was clear that some subjects must be curtailed, and the question was—Should Physiology give way? The orator would give his opinion as a physiologist, but not solely as a physiologist either, for he might say that six of the best years of his life were spent as a general practitioner in the country, during which time he had many opportunities of discovering that by their character, their usefulness, and their skill, the general practitioners are the strength and backbone of the medical profession in this country. Now there was a great divergence of opinion as to the aim and scope of the medical profession. The "practical" man would say that the great thing is to make out what is the matter with the patient, to "spot" the disease, and then to apply the reputed remedy. Such as he would argue, "Life is short, and I have no time for theory. What does it matter to me whether pus-cells are proliferated connective-tissue corpuscles, or migrated leucocytes, if I cannot stop the proliferation, or prevent the migration? What care I for inhibitory nerves if I cannot inhibit my patient's disease?" This kind of reason, though often passing current, is altogether specious. The two chief differences in the mode of medical practice might be illustrated by the difference in the way of working for an examination. One way is to study the subject till it is thoroughly mastered. This plan, though slow, tedious, and difficult, apart from its value as discipline, produces the satisfaction within the candidate's own mind that he knows his subject, whether his examiner does or not. The other way is by finding out the character of the examination and by quizzing the peculiarities of the examiners to try and discover the kind of questions that are likely to be asked and the sort of answers that are likely to tickle the examiner most. This plan is founded on what is known as the system of "tips." It is just the same in practical medicine. Some men are constantly on the look out for professional "tips." They want a "tip" for this disease, another for that, and so on. This practice is alike injurious and degrading, and ultimately leads to the treatment of symptoms as symptoms without any regard or reference to the diseased state. Symptom-treating is a logical outcome of professional "tips." Not that the practical physician need or can disregard these "tips" altogether. Medicine is a wide and complex field, much of which is still unexplored, and medical men have frequently to acknowledge their ignorance, their weakness, and even their impotence. There is no disgrace in this. Indeed, it is one of the great merits of medical practitioners that, as a body, they know how little they know, and never hesitate to gather knowledge from any source, whether from the old woman in the village cottage, or from some savage legend, or from the latest physiological journal, or the latest discovery in natural science. The true physician does not, however, found his practice on the system of professional "tips," but on scientific pathology, and pathology is only physiology with an aim. The phenomena of pathology and those of physiology are essentially the same. They may be compared to the strata of the earth, which are here regularly and evenly arranged, but there displaced and broken by upheavals and other geological disturbances; and while the physiologist may be said to bore and tunnel and section the various superimposed strata of living tissues in order to discover their structure, their mode of formation, and separate and reciprocal action, the pathologist sees them as they are, thrown up before his eyes by the "faults" produced by disease. Both the physiologist and the pathologist really work in the same field, and it would be well, if it were practicable, for them to work more frequently together, the physiologist gleaning in those precious fields of pathological facts, the wards of hospitals, and the pathologist spending more of his time in the physiologist's laboratory. Physiology being the wellspring of pathological science, it is of the first importance to determine the kind of physiology most likely to be of service to the ordinary medical student. In the first place, the physiology that is required is that which teaches a knowledge of the general fundamental laws of the human body, and not that which busies itself with the refinements, the minutiæ, and the contentions of speculative philosophers of rival and divided schools. Secondly, it should be a *living* physiology. It is a melancholy fact that not a little of the physiology learnt by even the best students is "blackboard and book physiology," having no relation whatever to the workings of the human body. Thirdly, it should be a physiology that will last through life. After being removed a few years from the foci of learning, medical men gradually discover the value and importance of a previous sound physiological knowledge, and the older they grow the dearer and more valuable does their knowledge of physiology become to them. They soon find that to keep up with their work they must have recourse to the quondam despised text-book, but if their original training have been properly conducted, they will appreciate the text-book at its proper worth. Physiology is, as we all know, constantly undergoing external changes and metamorphoses, but the inner living body does not alter much. If a man once gets hold of this inner body he may keep and nurse it all his life, to his great gain; if he fails in this he will find, sooner or later, that he has been cherishing a cast-off skin. Much might be said of the use and the dangers of physiological controversies to the medical student. If a student merely catalogues conflicting opinions to find out what each authority teaches or believes, he stores up so much useless lumber, but if he studies these opinions with a view to ascertaining for himself which is the most probable, the practice may be made of signal service. As a rule, however, physiological controversies should be eschewed by medical students. They do more harm than good. Again, as to many of the instruments and complicated apparatus now requisite for the adequate investigation of physiological facts, it was to be feared they are liable to serious abuse, and often act as stumbling-blocks. Many a student gets entangled in one of these machines at the beginning of his career and never comes out again. But if the student is already overworked, and yet it is desirable that his physiological studies should be extended, the question arises—What should give way? That a more *suitable* training is required no one will gainsay. Every student ought to be fairly trained in elementary physics and chemistry, not profoundly, but on sound principles. He should also have a fair, but still merely elementary, acquaintance with the general structure of animals and plants. These subjects being necessary, there are only anatomy and physiology to be dealt with. Now, of these two, physiology is probably the greater. This is the opinion of the minority, it is true, but it is a minority which contains many eminent teachers of anatomy. In times past anatomy has, no doubt, been the saving discipline of the medical profession, and has helped to convert rough and careless youths into earnest and serious students, and afterwards into scientific medical men. But this plea can be urged no longer. Physiology has now, to a very large extent, taken the place of anatomy both as an aid to practical medicine and as a means of mental training. The powers of close observation, of accuracy, of memory, which anatomy requires, are just as well called forth by physiology, which has the further advantage of affording numberless opportunities for the exercise of the powers of reason.

THE LANCET.

LONDON: SATURDAY, DECEMBER 7, 1878.

IN view of the reassembling of Parliament, though only for a specific purpose, it may be permitted to hope that, when the serious business of legislation is resumed, time and place may be found for the discussion of some of those domestic but truly national questions that affect the health, the happiness, and the prosperity of the people in their inner life and at home. We have been taught to believe that the health of the population is regarded by the present Government as among the subjects of its most anxious care. It may be conceded that during the last few years questions of an exceptional character have been forced upon the attention of the Cabinet and the Legislature, and there is, therefore, some excuse for the neglect of those more ordinary, though not less momentous, matters of internal reform, to which attention was prominently directed at the last General Election. The time has, however, arrived when the pledges then given must be redeemed if the warm anticipations awakened when a Ministry took office with the motto, "Sanitas, sanitatum, omnia est sanitas," are not to be finally disappointed. We have no wish to recapitulate the shortcomings of the Government, or to press the claims of health unfairly, even at a time when the maintenance of health is of paramount importance to the public interest. Nevertheless the opportunity must not be missed for putting the Ministry in solemn memory of its promises, and pointing to the obligation under which it lies to treat this great question of Health, in all its aspects, with energy and frankness.

There has been a good deal of tinkering in connexion with the laws relating to public sanitation already on the statute-book, but no single measure of comprehensive reform has been carried through Parliament, notwithstanding the powerful majority by which the Government has been supported. Such questions of medical interest as have been discussed received the usual scant and half-hearted treatment, while the medical profession has certainly no occasion for boasting of the recognition accorded to it, or the manner in which its appeals and remonstrances have been met! The public services of our leading men have been almost studiously ignored, and their opinions treated in a spirit little calculated to win respect and regard. This, to say the least, is impolitic. The interests which the medical profession represent, and for which they plead, are, in a special sense, *public* interests, bound up with the well-being and contentment of the people. No government can afford to treat them with systematic indifference, and it is ill-advised to treat them with even seeming neglect. There should, at least, be a show of willingness to consider the claims of a profession devoted to the physical, and in a very practical degree the moral, prosperity of the community. It has a representative as well as a scientific right to be heard in the councils of the nation, and a Cabinet comprising some three or four statesmen, and several acute politicians in its number, should be able to discriminate between the lukewarm and uncertain voice of certain perfunctory corporations and spokesmen who do *not* represent the opinions of the profession, and that consensus of feeling and judgment which struggles for expression, but is persistently disregarded, and can make no headway.

The deep inner impulse of the medical profession is not political in any party sense, but it tends strongly towards the assertion of a more prominent position than it has hitherto attained. Let a Government that wishes to stand well with the profession—no inconsiderable body in itself, and exerting widespread social influences—give facilities for the direct incorporation of medical prudence in public policy by the appointment of a Minister of Health—not a medical adviser of the Government, but a *political* representative of this practically neglected part of the State management. We are far from desiring to witness the repetition of an experiment which has been tried and failed; still less, however, is the medical profession content that health should be any longer excluded from the circle of elements which compose the system of government. We maintain that whether in the ordering of home affairs, domestic legislation, foreign policy, or the conduct of war, considerations of health must play an important part in council, and it is intolerable that the light medical science and experience can bring to bear on administrative and constructive policy should be excluded. Sanitary knowledge is extending rapidly among the people, and it is at length recognised that the permanence of our prosperity at home and abroad depends mainly on the eradication of avoidable diseases and the maintenance of public health. This is not too broad a statement—it simply asserts a fact which is daily impressing itself on public opinion. It would be a far-sighted and wise exploit of statesmanship to meet this feeling half-way, and thereby secure the gratitude of the people and the appreciation of intelligent men. As matters now stand, whether in connexion with the army or navy, foreign or home affairs, policy or administration, medical advice is sought as a corrective, instead of a constructive, element in the judgment formed, and it is because this traditional misconception prevails lives and treasure are squandered abroad, and blunders, involving costly and humiliating reversals of policy, are perpetrated at home. It would be easy to show, and it has been shown, how, from the failing of the Arctic Expedition to the wanton waste of life at Cyprus, and the hasty withdrawal of abortive orders with regard to prison treatment and dietary, mistakes barely pardonable might have been avoided, and success secured, if only, instead of being treated as supplementary, medical science had received the recognition to which it is entitled, by an irresistible claim as an *integral* part of statesmanship and government. The present Government is not more obtuse or to blame than those that have gone before it; but calling in the assistance, and taking the opinion, of particular advisers when mischief has been done is one thing; making medical knowledge contributory to a result is altogether another. The common sense of the community has long ago advanced to the discovery that true medicine is preventive rather than remedial. It is among statesmen alone that the obsolete error prevails which permits administrative and legislative authorities to treat the science of health as though it had not a higher and incomparably more useful function than to cure disease.

We forbear even to enumerate the reforms which still wait the aid of medical science for their accomplishment. The initial subject for the consideration of the Legislature is the urgent need of a Ministry of Health, and we commend this matter earnestly and pointedly to the attention of a Government which, near the close of a long tenure of legislative control, is again on its trial, and must presently appeal to the constituencies, where, happily, the members of our profession have a not ineffective voice.

WE mentioned last week that the governors of St. Thomas's Hospital had decided to appropriate a part of the hospital to paying patients, and that they had deputed some of their number to elaborate a scheme for the purpose. We pointed out that whilst the object which they had in view was a very desirable one, the difficulties to be encountered in devising and carrying out any such scheme must be very great, and that other interests than those of the hospital—notably those of the medical staff and of the profession in general—must be carefully considered. The gist of our remarks was, that there are many persons who are now admitted to general hospitals as recipients of charity who could well afford to pay a fair equivalent for board and lodging; that if under the present conditions they are suitable cases for admission (and we must presume as much from the fact that they are specially selected by competent medical officers), there is no reason why the hospital funds should be taxed to that extent, to the injury of an equal number of poor patients; and hence that by the proper selection of such cases, on the ground of their needing special hospital treatment, the existence of a paying department or of paying patients in a general hospital would not of necessity either trench upon the interests of private practitioners or do an injustice to the hospital staff. But we cannot pretend to ignore the fact that, unless very carefully planned and conducted, such a system might be open to great abuses, and that unless reserved for the special cases of the particular class we mentioned, and placed on the same footing as the rest of the hospital as regards the grounds of admission, the plan would be open to the charge of competing unfairly with outside practitioners, and placing the hospital staff in an invidious and undesirable position. It could not be expected that so great an innovation should be introduced without much discussion and some opposition, nor, until the experiment has been made, would the balance of argument for or against be of any great value.

One of the most difficult questions, yet one which must be fairly faced, is the relation of the paying department to the medical staff. We mentioned some of these difficulties last week, and will not at present recur to them. One way of getting over the difficulty would be to allow each patient to have the attendance of his or her own medical man—a plan which has been before advocated in reference to similar independent institutions.

But what is quite certain is that, in the case of every hospital, the interests of the hospital itself are of prime importance, and that the cordial co-operation of the staff is absolutely essential for the proper working out of the scheme. The letter from Dr. BRISTOWE, which we publish this week, contains some very important statements, which throw an unexpected light upon the whole transaction. Countersigned as it is by the medical staff, with only one exception, it is a very weighty protest against the course adopted by the Treasurer. We need not follow all the objections which are made to the scheme, but merely refer to one or two of the more salient facts. The staff contend, and with justice, that in a matter which so vitally concerns the sanitary arrangements of the hospital they should first have been taken into consultation; and that where their professional status might so readily be compromised, they should have been enabled, before any decisive action was taken, to express their mature opinion on the subject.

It was known that negotiations had been going on between the Home Hospital Association Committee on the one hand, and the Treasurer on the other, for the renting of one of the blocks of St. Thomas's for the purposes of the Association. These negotiations, however, came to nothing because the Association were led to the conclusion that they could not work the building with profit. But the Treasurer, strong in the belief that it could be done, appears to have decided to make the experiment. The medical staff, or rather a part of them, summoned to a meeting on Monday by circulars issued on the previous Saturday, were informed by the Treasurer that it was his intention to move a resolution on the following Wednesday at the General Court of Governors, which he had no doubt would be carried, and such was actually the case; the medical staff being thus not in a position to consult upon or fairly consider a step having such important bearings on their interests.

Nor was this all. An essential part of the scheme as unfolded to the governors consisted in the appropriation of the block known as No. 8 block, which was specially constructed for the reception of infectious cases, to the purposes of paying patients. It was stated that this block was comparatively little used, and that its maintenance on the present footing was unnecessary and very costly. It is almost incredible, but such we find is the fact, that this statement was made and published in the daily journals without consultation either with the medical staff or with the House Committee, who are associated with the Treasurer in the conduct of the interior arrangements of the hospital; and that at the time when the governors were meeting, and this statement was made, *this block contained no less than forty patients in its sixty beds*—every one of which, be it remembered, was an infectious case requiring isolation, and whose presence in the general wards would have been dangerous to other patients. The sanitary condition of a hospital is a matter on which, of all others, a medical staff might be expected to be best qualified and most likely to give a valuable and unbiased opinion; and that the counsel of such men as SIMON, MURCHISON, and BRISTOWE should not have even been asked is almost incredible.

In view of these facts with reference to the appropriation of the fever block for paying patients, it is scarcely needful at present to consider the other points raised in the memorial of the staff. On many of them there might well be a difference of opinion; but, in any case, the objections raised ought to receive due consideration before any further action is taken. Calm and temperate as the memorial is, and indicating as it does a determination that their voice shall be heard, there is yet no positive refusal on the part of the

staff to co-operate in the work so far as it may be beneficial, but rather a willingness to aid in it if carried out under proper regulations. The whole scheme must now be reconsidered, and, if undertaken, it must be done without the use of the fever block.

We cannot but believe that the Treasurer has been misled by an over-sanguine hope of benefiting the hospital and the public into a too precipitate course of action; and we have little doubt that he will be willing to retrace his steps and amend his plan after taking the staff into his confidence, and that the cordial relations which should subsist between the staff and the governing body will not be further endangered.

THREE years ago we pointed out some very obvious defects in the Primary Examinations at the College of Surgeons. Some of these have been remedied, but others remain as they existed at that time, or since then have even become exaggerated. The large number of rejections at the Primary Examinations for both the Membership and the Fellowship during the last month has attracted unusual attention, and we have received many complaints with regard to the nature of the examinations in general, and to the questions asked at the recent examinations in particular. One of these is published in our present number, and we feel bound to make some comments thereon. We fear that our correspondent's contention—that the results of these examinations cannot be taken as a fair index of the candidates' knowledge—is only too fully justified. He refers only to the Primary Examination for the Fellowship, but the same reasons apply to that for the Membership, so that we must consider both at the same time. In the first place, we will deal with the lesser examination, as this concerns every student in our English medical schools. The chief faults in the examination as now conducted are—(1) that the questions in the written part of the examination are too few, and much too limited in their range; (2) that the *viva voce* is made too important in relation to the written questions; and (3) that the system of marking is far from a good one. Four questions in anatomy, and two in histology and general physiology, cannot fairly test a candidate's knowledge, and should at once be superseded by two distinct papers, each containing five or six questions. A written paper should have more weight than a *viva voce*, which is only of value in showing that a candidate's knowledge is practical and obtained in the dissecting-room, and is not a mere study of books or plates at home or in a library. A *viva voce* examination, which is limited in time, and cannot be prolonged at the discretion of the examiner, is intrinsically bad, for it favours the candidate whose knowledge is purely superficial, and tells against every well-informed candidate who is nervous or slow in answering. Moreover, the system of examining on preparations, such as are in use at the College of Surgeons, is another very bad feature. A good anatomist may not readily recognise them, for he may not have had an opportunity of either making or seeing such elaborate dissections. They encourage museum-study instead of honest anatomical work in the dissecting-room; and that examinations should be almost exclusively held on them is to be deplored, not only in the interest of the student, but of the science itself. Many of the medical schools in London are now engaged in preparing similar specimens, and when this has been done, what is to become of the old-fashioned dissecting-room anatomy, and how are students to be encouraged in the use of their hands and scalpels, so as to become good surgeons in after-life? The system of marking, as it has been explained to us, is as vicious as any reform of the old plan at the College of Surgeons can be. The general maximum is much too low, and the marks allotted to a moderately good or to a bad student vary so little that the slightest chance materially influences the result. Why cannot the examiners mark by fifties where they now mark by units, and so differentiate the candidates much more easily? Such evils as those to which we have referred press even more urgently on candidates for the Fellowship. At this examination the anatomical questions are reduced to two, and two more are set in histology, general physiology, comparative anatomy, and development, and the candidate is compelled to answer every question! Can any arrangement be more absurd or better calculated to give an erroneous estimate of the candidate's knowledge? The *viva voce* examination and the system of marking retain all their objectionable features, and the only points of difference are that in this part of the examination there is an enforced period of forty-five minutes, during which the examiners are compelled to ask questions and the candidate to answer them, instead of half an hour, as in the primary membership. We have so often recommended that the examiners in physiology should be a separate body, instead of being merged in the general Board, as at present, that we are quite tired of urging such an evident necessity. No lecturer on descriptive anatomy in the present day would dream of teaching physiology, nor any physiologist of lecturing on anatomy; why, then, should every member of the Board of Examiners be compelled to examine in both subjects? We may go further than this, and state that no anatomist is in the present day sufficiently conversant with physiology and histology to fairly examine in those subjects, and that no physiologist who is engaged in the active prosecution of his science can possibly keep in his mind all the details of descriptive anatomy, so as to be a good examiner in that science also. It is sometimes argued that even if a reform, such as dividing the Board into Examiners in Anatomy, in Physiology, and in Comparative Anatomy (if this last subject be considered an essential feature in the examination), be needed for the primary fellowship, *any division* is quite unnecessary for the membership, as every member of the Board must be well able to examine in both anatomy and physiology. Such a conclusion is quite erroneous, for it is only a person who is thoroughly conversant with his science that can fairly estimate the value of an incomplete answer, and can ascertain how much any candidate really knows. If we wish to discover how much classical knowledge a lad possesses, we should never dream of asking anyone who was not a well-read classical scholar to examine him; and in science, which is ever advancing, the necessity of a similar qualification is even more urgent. We do not wish to touch on the special questions to which our correspondent invites our attention, or to one, entailing a dissection of the wall of the abdomen, which seems to us quite as vague and unsatisfactory in the paper for the membership. Such questions, by attracting notice to the general

character of the examination, can only the more readily bring about its reform. We understand that the most eminent physiological teachers in London and the provinces have already presented a memorial to the Council, in which the necessity for a division of the examiners has been forcibly pointed out. The other imperfections to which we have referred might be easily amended, but should the Council think that there is any difficulty in so doing, we would suggest that the examiners at our numerous universities be applied to, and they could easily frame a scheme by which the examinations would keep up their *prestige*, and at the same time do away with the complaints that are now heard after every primary examination.

WHATEVER be the ultimate result on appeal in the Hampstead Hospital case, there can be little doubt that the verdict of the jury in the late trial conveys the sound common-sense view of the subject. After a protracted trial of eleven days, and a very lucid summing up by Mr. Baron POLLOCK, the jury found that the hospital did constitute a nuisance of itself, and from the going in and out of the patients; that the defendants had not managed the hospital with due regard and consideration for the interests of the plaintiffs; and that the omission to disinfect the ambulances was neglect on their part.

The evidence given in the trial just concluded was, apart from certain speculative opinions, substantially the same as that before the Parliamentary Committee, and the facts cited in support of both sides of the case were those which have been discussed over and over again in our columns and elsewhere. When divested of the prejudice which has been imported into the discussion by heated partisans, the facts are sufficiently clear and simple.

Those interested in the question should turn to the Report of our Sanitary Commission upon the hospital, at the time when there was the greatest agitation on the subject of building the hospital permanently on its present site.[1] We find little or nothing added since then to the dispute, and, dating as the occurrences do as far back as 1872, we could not expect much fresh light on the subject. It is agreed on all hands that during an exceptionally virulent epidemic no less than 7300 cases of small-pox were admitted into the hospital in eighteen months, and that over 1300 died; that the internal administration of the hospital was admirable, and the conduct of the managers in that respect worthy of the highest praise. But it was contended on behalf of the plaintiffs, who are the owners or occupiers of land and houses immediately contiguous to the hospital, that they had suffered, both in health and property, by the presence of the hospital, and what we may term its external management. Their specific contentions were—That the presence of the hospital, in which so vast a number of cases were collected, at their very doors, was of itself a nuisance; that the ingress and egress of patients and their friends, and the attendants, close to their own doors, was also injurious; and that by special acts of mismanagement, or defective control, allowing the patients to take exercise where there was only a low fence between the hospital grounds and the adjoining premises, and in failing to disinfect the ambulances, the managers had been guilty of neglect which was injurious to the plaintiffs. There are certain of these allegations in respect of which it is hard to see how the plaintiffs themselves were injured, notably with regard to the ambulances, but we suppose it is not necessary to show that a nuisance is a nuisance only to the plaintiffs. No doubt these and other points, especially as to how far the defendants are liable, and whether from a legal point of view the hospital could be regarded as a nuisance, will be fully discussed on appeal, or on a new trial.

It would be a very serious matter if the verdict were understood to convey that the existence of such hospitals constituted of itself an indictable nuisance. Such a view would, indeed, lead to far more serious evils than any which could be suffered by a small neighbourhood. And it is a matter of most serious regret that the managers should have laid themselves open to a charge of endangering the lives of those in the vicinity, and of disregarding entirely all local interests in their laudable desire to promote the general public welfare. Whatever truth there may be in the specific allegations of spread of infection and the like, the general effect of their conduct is undoubted.

Built upon a narrow site, the only available access to the hospital being in a narrow lane opening into a thoroughfare which, from time to time, is very crowded; at the outlet of the lane, a public-house, which is greatly frequented by passers-by, and at which is the common cabstand for the whole neighbourhood, the approach is one of the most undesirable which could have been selected. In the construction itself not the least care was taken to consider the interests of the owners of contiguous property; some of the sheds were built almost close to the boundary wall, and no proper wall or screen was put up either to prevent the exit of the patients into neighbouring grounds or to shut out from view the victims of so disfiguring a disease. So far, there can be no question that whoever was responsible disregarded the interests of adjoining occupants.

The allegations as to the spread of infection are of much more doubtful character. No evidence worthy of credence from a scientific point of view was brought forward. The alleged cases of infection, which were carefully investigated at the time, were mostly proved to be groundless, the contagion being traced to a very different source. The ratio of diffusion of the disease around the hospital, as compared with that around the workhouse, is also a mere *ad captandum* argument, got up for the purpose of the trial, as may readily be seen by reference to the report of our Special Commissioner, and would be recognised by anyone acquainted with the neighbourhood. On the other hand, the neglect to exercise a proper control over the patients and their friends, and to disinfect the ambulances, were serious errors in the management. It might be pleaded that the latter duty devolved either on the parish, to whom the ambulances belonged, or the police, who were bound to see the sanitary laws enforced; but the hospital authorities certainly did not exercise proper vigilance in regard to them, and they cannot be acquitted of blame.

As we have said before, the existence of such hospitals is a necessity, their management a public benefit, but it is essential that they should be constructed and carried out with a proper regard to other interests, public as well as

[1] See THE LANCET, Dec. 19th, 1874, p. 874.

private. It may be that there are scientific observers who would sleep calmly within ten feet or ten yards of a ward containing fifty or sixty, or a hospital containing five or six hundred small-pox or typhus patients, but the general public could hardly be expected to take so calm and philosophic a view. The site of the hospital, as was pointed out in our Report, was a mistake; in its construction no regard was paid to the interests of the adjoining residents, and in its management all that seems to have been thought of was the interests of the patients themselves. Hence an outcry which cannot but be severely injurious to the locality, and must also increase the difficulties in carrying out a salutary regulation for the public health. Let us hope that, whatever the ultimate result of the trial, and whoever is legally responsible, a lesson may be learnt by the Asylums Board, and more regard be had in the future to the just rights and interests of those in whose neighbourhood such hospitals are placed.

BY a curious but happy coincidence Dr. MICHAEL FOSTER, in his address on the "Utility of Physiology to the Medical Students," delivered before the Medical Society of University College, London, on Tuesday last, continued and amplified some statements which we made last week in reviewing Dr. LIVEING'S "Handbook on the Diagnosis of Skin Diseases." We alleged that, despite the seeming paradox, "it is nevertheless true that the evil of modern medicine, as of medicine of all times, is over-anxiety about treatment; everything is subordinated to a search after remedies." And we declared, what has been uttered many times before, but apparently to deaf ears: "The basis of practical medicine is diagnosis; therapeutics its superstructure." Dr. MICHAEL FOSTER expressed the same sentiment when he denounced the system of "tips" for every symptom, and insisted that scientific pathology, which is really physiology in another garb, should be the foundation of true medical practice. One of the greatest clinical teachers of this generation, Dr. WALSHE, in striving to impress upon his pupils some years ago the value of diagnosis, appealed to the example of DEMOSTHENES, who, when asked what was the first thing in eloquence, replied, Delivery; and the second, Delivery; and the third, Delivery. So it is with practical medicine: the first thing is Diagnosis, and the second Diagnosis, and the third still Diagnosis. Forgetfulness of this important truth has too often led medical practitioners to resort to the practice of symptom-treating, which attains its pernicious perfection in the crude and fantastic theories of homœopathy. A sound knowledge of physiology—physiology that considers and comprehends the great laws underlying vital phenomena—and its consequence an enlightened pathology, will do more to advance the healing art, and raise it to the level of a science, than all the therapeutical theories that have ever been, or will be, propounded. Indeed, it is a melancholy fact that many, if not most, of the valued drugs of our time have been discovered by accident. Mythology ascribes the discovery of medicine itself to a combination of supernatural causes and accident. According to one tradition, ÆSCULAPIUS himself acquired the highest of his miraculous powers by an unexpected and unforeseen occurrence. Shut up within the house of GLAUCUS, whom he was to cure, and absorbed in deep thought, a serpent twined itself around his staff. Roused from his reverie and startled, ÆSCULAPIUS struck the serpent a violent blow and killed it; but soon another serpent appeared, carrying in its mouth a herb, with which it recalled its fellow to life. ÆSCULAPIUS took the hint, and is said to have successfully applied it to human beings, although ultimately at the cost of his life. ZEUS, fearing that men would soon contrive to escape death altogether, killed ÆSCULAPIUS with a flash of lightning while practising his newly acquired power on GLAUCUS. Leaving the mythic age, and coming to times less remote, it may be confidently affirmed that there is no drug that modern physicians have so great confidence in as chinchona, and especially its alkaloid quinine, for the treatment of intermittent fever. Yet the first intimation of the value of this bark was probably received from South American savages. After its introduction into Europe in the seventeenth century, it had to encounter much opposition both from physicians and from the laity, and had it not been for the activity of the Spanish Jesuits and the recommendation of Pope INNOCENT X., in 1661, this valuable remedy might have been abolished. So strong was the prejudice against it that, although introduced into England in 1655, CROMWELL was allowed to languish, and at length to die, in 1658, of ague, without an exhibition of the bark. TALBOR employed the Peruvian bark, or Jesuits' bark, as it was then called, as early as 1666; but SYDENHAM at first looked upon it with distrust, and did not adopt it in his general practice until 1681. These recollections teach at once a lesson and afford encouragement; they instruct us to accept every help by the way, but above all things to strive to found our theory and practice on the basis of physiological truth.

Annotations.

"Ne quid nimis."

THE CONDITION OF THE THAMES.

ON Saturday last a second inspection of the sewage zone of the Thames was made by the members and officers of the Metropolitan Board of Works. The steamer reached the Barking outfall at low water, proceeded downwards into Northfleet Hope, and returned with the flood, taking samples of water and mud at all important points. We have before remarked that little of importance can be proved by such inspections during the winter months, and we cannot say that anything we witnessed the other day altered this opinion. Everyone admits that the sewage is greatly diluted by the river and sea water, that the river does not smell like a cesspool, that there is plenty of mud in it not due to sewage, and, indeed, that mudbanks always form in the tidal portions of tortuous rivers which flow through alluvial soil. It would be absurd to deny—and, in fact, no one does deny—that a great oxidation of animal excreta is effected by running water. To such admissions the Board are welcome, and we fail to see that anything more can be proved by their inspections. The facts remain that the sewage of London is thrown into the river, thereby polluting the water, and rendering it at all times foul, and in summer often offensive to the nose as well as to the eye; that when the tides are making—that is, when the spring tides succeed the neaps—the upward flow is greater than the downward, the sewage being thereby carried much above the outfalls, and that the mud is increased in

quantity and to a much greater extent in foulness by the influx of sewage.

Since our leading article of last week was written, several letters which afford strong corroboration of our arguments have appeared in *The Times*. Mr. Charles Beadle, of Erith, in particular, whose knowledge of the river is unusually great, has shown very clearly that the making tides which carry brackish water up almost to London Bridge must of necessity carry sewage with it. Sir J. W. Bazalgette's replies to this and to some other letters appear to us to evade the real points at issue. He quotes Professor Huxley, to the effect that as the ebb tide lasts seven hours, while the flood only lasts five, the downward flow must always be greater than the upward. This is, of course, true as an average; but, as before remarked, it is by no means true of making tides. The difference of tides is ignored throughout, as far as we can see, by Sir Joseph, who can hardly, with his great experience, be ignorant of it.

Equally one-sided are the engineer's remarks in regard to the character of the pollution. He rebukes Mr. Beadle for "supposing that sewage discharged into the tidal waters of the lower Thames remains sewage for several days," and quotes against him the not very original remark of Professor Huxley, that "a river is competent to effect its own purification *unless overtaxed with pollution*." The italics, we need hardly say, are our own. That the river is overtaxed with pollution by the sewage of all London is precisely the point urged by those who have most experience in such matters; and with regard to the time required for organic oxidation in running water, we need only refer to the very strong and oft-quoted evidence of Sir Benjamin Brodie and to the whole results of the Rivers' Pollution Commission. We have no reason to believe that Professor Huxley's opinion is at variance with these.

But, after all, the simplest argument on the whole question is perhaps the strongest. If, as Sir Joseph Bazalgette appears to believe, the pollution of the Thames with sewage is not an evil, the Rivers' Pollution Act is unfair, and should at once be repealed. What is right for London cannot be wrong for many other places. But if the principle of that Act be admitted—and it would require a bold sanitarian to deny it—London cannot long be permitted to continue an abuse so distinctly recognised by law. Once more we express the hope that the Metropolitan Board of Works will themselves provide the remedy and complete their great work, thereby avoiding the necessity for interference from without.

THE GENERAL MEDICAL COUNCIL AND THE UNIVERSITIES OF EDINBURGH AND ABERDEEN.

A SOMEWHAT awkward situation has arisen between the Universities of Edinburgh and Aberdeen, which are represented in the General Medical Council by one representative. For the last five years, as our readers will remember, these universities have been ably represented by Professor Turner. But his term of office having expired, the necessity of a new election arose. There has generally been an understanding between the universities to the effect that each was to nominate in turns, but probably there has been some vagueness as to the re-election for a second period of the representative. Mr. Syme held the honourable post from 1858 to 1868, Dr. Macrobin from 1868 to 1873, Mr. Turner from 1873 to 1878. His term of five years having expired, the University of Aberdeen has asserted its claim to a turn by the appointment of Professor Struthers, while Edinburgh has reappointed Professor Turner. The Medical Act has made provision for such a state of matters in Clause 5, by giving power to Her Majesty, with the advice of Her Privy Council, to appoint one of the two persons so selected. There is no doubt that the Scotch universities are deeply interested in pending questions, and it is of great consequence that they should be well represented at this juncture. Their friends may well be willing to accept either of the two gentlemen nominated, as being among the most successful and energetic teachers in Scotland.

CYPRUS "FEVER."

WE are indebted to a medical correspondent in Cyprus for the notes from which we have prepared the following account of the Cyprus "fever."

The "fever" of Cyprus is the same which appears all over the Levant, and has been known time out of mind to naval surgeons as "Levant" or "station" fever, or remittent fever. It is the same as the "Smyrna fever," as the "Besika Bay fever," and as the "Crete fever." The Cypriotes distinguish three varieties of the fever—namely, the "cold" (ague, to wit), the "hot" (our "remittent"), and the "pernicious," which is a dangerous remittent, sometimes running to a fatal end in one day, but which commonly does not prove fatal until the fourth day. The Cypriotes suffer every year to a greater or less extent from these varieties of fever, the "cold" form being the most common, the fever season beginning in May and ending in November; and they assert that every new-comer to the island *must* suffer from the malady. They admit, however, that exceptions from this liability do occur, but in very small number. The Syrians, Maltese, Italians, and Greeks from other localities, who accompanied or followed the expedition, suffered from the disease as much as the British troops, and it was as fatal among them. The "hot" fever—the "remittent"—always occurs on the seventh, fourteenth, twenty-first day, and so on, resembling in this respect relapsing fever; but the temperature charts usually show a remission in thirty hours, then an access, then a second remission. The local medical practitioners state that the "fever" is never absent from the island, but that the pernicious variety is rare among the natives. All, however, have seen cases in which the cold stage has been represented by coma. In the case of a British soldier attacked with the "fever," the patient was comatose on the third day, and had tetanic spasms of the muscles of the neck and back, with relaxed sphincters. Death seemed imminent, but under the use of quinine (thirty grains), enemata of beef-tea and brandy, and counter-irritation of the head and spine, the coma passed off, the spasm ceased, and on the eighth day of the attack he was so far recovered as to wish to return to duty. As an example of an ordinary case of the fever among new-comers take the following:—Forty-nine hours after landing, and seemingly in excellent health up to the moment of attack, the patient was seized in the evening with severe headache and excessive vomiting, which continued through the night, and in the course of the night became delirious. He had transient slight rigors, and complained of severe pain in the loins. The temperature ran up to 104° F. Between the forty-eighth and seventy-second hours after the attack profuse perspiration began, the attack subsided, and on the fourth day the patient was walking about, with good appetite, but complaining of a sense of feebleness and some pain in the region of the liver.

Mixed with the cases of paludal fever, examples of "ardent fever" are occasionally observed, marked by great cerebral disturbance for about twenty-four hours, with complete recovery in thirty hours.

Whatever tends to upset the ordinary habit of the system seems to be an exciting cause of the paludal fever—exposure to the sun in the heat of the day, exposure to cold, fatigue, drink, &c. Among the officers relapses have, as might be anticipated, been determined by entering upon shooting excursions immediately after convalescence from a first

attack. Hepatitis, running into abscess, appears to have been very common.

Now that the cold weather is setting in, it is anticipated that the paludal fever will disappear from the camps; but fears seemingly are entertained lest the soldiers should become a prey to enteric fever. This disease is endemic in the Cypriote towns, and it is impossible to exclude the soldiers wholly from them or to prevent such intercourse of the townspeople with the camps as may lead to the introduction of the malady. Already cases of enteric fever appear to be assuming some prominence among the sick returns.

THE INDEPENDENCE OF MEDICAL OFFICERS OF HEALTH.

IT seems a very satisfactory thing in the abstract that we have medical officers of health appointed in every town and in every urban district to advise sanitary authorities as to all insanitary conditions and circumstances. But a little inquiry or a little attention to municipal proceedings tends seriously to qualify the satisfaction. A sanitary authority may keep the letter of the law and entirely evade its spirit. It may give a medical officer of health a salary that implies only his incompetency or impecuniosity, or it may so restrict the term of his appointment as to paralyse his energy and make him work with fear and trembling. An illustration of the latter way of rendering a medical officer of health useless occurred lately in the discussions of the South Shields Town Council. In appointing the Town Improvement and Sanitary Committee it was proposed to omit from the list certain owners of property who had, in the opinion of the proposer, taken advantage of their position on the Committee to frustrate and oppose the schemes of the medical officer of health, inasmuch as these schemes affected their property and pockets. We pass no judgment on the facts. But the answer made by one of the owners of property was significant. After describing the pecuniary value of the property condemned by Dr. Spear, he said, "So, instead of appointing him for three years, we appointed him for only one!" This is, of course, to hold a sword of Damocles over the head of the medical officer of health, and make his position either merely formal or intolerable. Of what use is legislation that leaves a sanitary officer entirely in the hands of those who are interested in opposing sanitary improvements? No good will be done till these officers are appointed for longer periods and are dismissible only with the sanction of the Local Government Board. By all means let protection be granted against any despotic or crotchety action on their part, but let it not take the shape of the mean intimidation implied in a year's tenure of office.

BRONCHIAL SPASM.

SOME time ago it was observed by Gerlach that the contraction of the muscular fibres of the lungs was capable of exerting appreciable force. The bronchial fibres contract when the vagus is stimulated, and this contraction was found equal to about five millimetres of water. Dr. T. H. MacGillivray has been investigating the subject further, especially in regard to the influence of this spasm on the respiration, and its bearing on the pathology of asthma. He connected the trachea with a large vessel holding seven or eight litres, quickly puncturing the surface of the exposed lungs with a fine needle, expelled the air from the vessel by means of a uniform current of water, and measured the force with which the air escaped by means of a manometer attached laterally. If the peripheral ends of the divided vagi, or of one only, were stimulated, the pressure indicated by the manometer immediately rose, showing that the passage of the air from the lungs met with an obstacle. He found that the left vagus produced a greater effect than the right. To avoid errors it is necessary to remove the wall of the thorax as completely as possible. Otherwise, the distended lungs lie in contact with the thoracic wall, and, when dyspnœa occurs, are exposed to varying pressure by the movements of the wall. The arrest of the heart's action, which commonly occurs when the vagus is stimulated, constitutes another difficulty. Nevertheless the chief effect is very uniform, and easily obtained, the rise of pressure amounting to fifty-two millimetres of water, or about four millimetres of mercury. This is about the same variation of pressure which occurs between expiration and inspiration. A contraction of similar degree occurring in the muscles of the finer bronchial tubes would produce a considerable effect on the process of respiration. The experiments seem to suggest that the hindrance to expiration is more considerable than that to inspiration.

THE CHARGE AGAINST LADY GOOCH.

WE would jealously observe the rule that enjoins reserve in the discussion of cases *sub judice*, but there are circumstances under which it is desirable to point to a possible miscarriage of justice before it occurs. The present is a case in point. We are not aware that it has been suggested how closely the proceedings of the accused person resemble those of one acting under a delusion. We offer no opinion as to the origin of the "fixed idea," or the motive which may have inspired it; but it is manifest that after Lady Gooch had failed in her attempt to persuade those around of her pregnancy, there came a point when the persistence in that notion, and the measures taken to secure the end in view, became morbid. It is inconsistent with the presumption of sanity that the endeavour to carry out the plan of substitution should have been made with the recklessness exhibited during, at least, the latter part of the proceedings. In short, the case would seem to be a striking instance of the persistence of an idea, probably suggested by a wish, until it has usurped the control of the will and judgment. It is well that this aspect of the case should not be disregarded, whether the hypothesis of insanity is raised for the defence, or that always grave plea be avoided. The interests of scientific truth are supreme, and must not be sacrificed, even to those of the individual.

NOMINATION OF PRESIDENT OF THE OBSTETRICAL SOCIETY.

UNEASY rumours of a contest for the nomination for president of the Obstetrical Society have been afloat for some time past, and some little warmth has been displayed. We are happy, however, to find that all difficulty has passed away by the unanimous recognition of the claims of Dr. Playfair. The grounds of his nomination are briefly as follows:—He is F.R.C.P., and has been examiner at the College of Physicians. He is in the fifth year of his examinership at the University of London. He is Professor of Obstetrics at King's College. He has held the offices of librarian, secretary, member of council, and vice-president of the Obstetrical Society, and is intimately acquainted with the *personnel*, laws, and working of the Society. His position and connexions enable him to promote effectively the general interests of obstetric medicine. When Dr. Barnes resigned his seat on the Midwifery Examining Board of the College of Surgeons Dr. Playfair refused the invitation to fill the vacancy, and thus, with Dr. Hall Davis, Dr. Graily Hewitt, Dr. Gervis, and others, defeated a scheme calculated to cast an indignity upon obstetric medicine. By this act he has earned the gratitude of his obstetric brethren, and has established a claim to their confidence in the future. It was felt, moreover, that a great discouragement to working

men would be struck if the claims of those who have identified their scientific career with the Society were ignored. We congratulate the Society upon the president offered to them, and trust that all the fellows will go on working in harmony for the progress of this most successful and useful Society.

THE BALFOUR TESTIMONIAL.

AT a meeting of the General Committee of the Balfour Testimonial, held in the rooms of the Royal Society, Edinburgh, on Friday, the 29th November, the Hon. Lord Curriehill in the chair, Mr. David Smith, F.R.S.E., the treasurer, gave an account of the proceedings of the acting committee, and stated that their labours had been successful in securing a very fine portrait of Professor Balfour, in his academical robes, by Sir Daniel Macnee, President of the Royal Scottish Academy, for the University; and a replica—in the garb so well known to every lover of botany for the last forty years—for the family of the Professor. Sir C. Wyville Thomson proposed that Lord Curriehill be requested, on behalf of the subscribers, to present the portrait to the University authorities, a motion which was cordially seconded by Professor Douglas Maclagan, and carried with applause. His lordship agreed to do so, though he said the name of Sir Robert Christison was uppermost in his own mind. He also paid a graceful compliment to Mr. David Smith, for his unwearied efforts in promoting the scheme, the success of which was mainly owing to his energy. It was arranged to make the presentation to the University during the Christmas recess, and that of the replica to Professor Balfour's family at a future period to be afterwards determined upon.

GENERAL TODLEBEN AND THE RUSSIAN MEDICO-SANITARY STAFF.

GENERAL TODLEBEN, the Commander-in-Chief of the Russian Army occupying Bulgaria and Roumelia (the "Army of the South," so called), has very gracefully thanked the medico-sanitary staff of his forces, in a general order dated the 24th October, for the services rendered by them during the war. In this order General Todleben recounts that after he had assumed the command of the army, the "extraordinary development" of sickness among the troops in the hot season, owing to the fatigues they had undergone in the earlier parts of the campaign and the unwholesomeness of the places in which they had had to encamp, made it a work of primary necessity to organise a plan for the systematic removal (evacuation) of the patients who occupied the hospitals and ambulances which had been established south of the Balkans. In devising measures which might contribute to check the increase of sickness, which had then assumed a menacing character, he became convinced that the commission which at that time had charge of seeing to the removal of the sick was insufficient for the duty, by reason both of its composition and of its limited powers. He determined, therefore, to constitute a new commission, and give it a larger sphere of activity as well as larger powers. At the head of this commission he placed M. Panioutine, delegate of the Red-Cross Society to his army.

The new commission commenced its work on the 25th May, and completed it on the 18th September, its labours having been attended with the completest success. The transport of the sick from the Roumelian hospitals to Russia was executed in the most systematic manner, and with the most rigid care for the hygienic welfare and personal comfort of the patients, and produced "extraordinary results" as affecting not only the sick but also the well-being of the army in the field. Not less than 60,584 patients were transported to Russia, of whom a fifth at least were suffering from the gravest sickness, and there were but seventy-five deaths during the transit. Moreover, the rapid and opportune removal of the sick put a stop to the further development of serious sickness in the army, even as early as the month of July.

General Todleben, holding that, in the first instance, the complete success of the Evacuation Commission was due to "the extraordinary energy, devotion, and indefatigable activity" of the President of the Commission in the execution of a duty not exempt from danger, regards it "a sacred duty" to make public his sincere thanks to that gentleman. Further, he proceeds to thank also the other members of the Commission, all the medical staff of the army, the sisters of charity, and the hospital assistants, for the unwearied care they have given to the sick, and for the devotion they have displayed during the progress of the work of transport to Russia.

KILLED BY SNAKES AND WILD BEASTS.

IN an interesting report on "Sanitary Measures in India," which has just been presented to Parliament, it appears that 21,682 fatal cases from attacks of wild animals had occurred in ten provinces, the largest being in Bengal—viz., 10,062. The deaths from snake-bites alone in the Punjab last year were 828, against 979 in the preceding year. As showing the rapidly fatal effects from the bite of a cobra, the commonest and the most deadly of Indian poisonous snakes, Surgeon A. J. Wall states that one night, about half-past twelve o'clock, a Hindoo punka-coolie, aged forty, while sleeping in the verandah of the doctor's house, was bitten on the shoulder by a snake about three feet long. The noise and confusion soon awoke Mr. Wall, who at once hastened to the assistance of his servant, and after waiting for a short time for some ammonia he proceeded to inject it, as recommended by Sir Joseph Fayrer and Professor Halford, previously giving the patient plenty of brandy, walking him rapidly about, &c.; yet, notwithstanding all attention, the man died in sixty-five minutes after the attack. So, adds Mr. Wall, the remedy administered had as little effect on the symptoms (which he graphically describes) as it had on the result. The whole is an excellent description by a most careful observer, who gives also the results of several experiments from the bite of a cobra on pariah dogs, where, in every case, the animal died within an hour of the bite; in many, in less than half that time. The whole report of twenty-one folio pages will well repay perusal.

ADULTERATION.

AN important answer has been given by the Local Government Board to a question addressed to the department by the chief constable of Cumberland and Westmoreland. The Board entertains no doubt that the ruling of Mr. Justice Lush is correct, and that if a purchaser does not get pure goods he is prejudiced, whether the article was bought for consumption or analysis. The contrary view—namely, that if the goods were bought for analysis there was no prejudice—was manifestly opposed to the dictates of common sense, and could only have been suggested by a perverted ingenuity. The offence of adulteration lies in the sale or barter of a spurious article. If a man passed a bad sovereign when he paid for a *spurious* article it would not be held that he had committed no crime. The act of passing the coin is the offence, independently of the question of prejudice. The like is true of the offence of adulteration. The Act is clearly broken when the goods are sold, wholly irrespective of the purpose for which the buyer requires them. This is the plain sense of the Statute, and we are glad the Local Government Board has given the sanction of its authority to the prosecution of offenders who would have escaped if the contrary opinion—we cannot call it a judgment—had been accepted.

DISPENSING AT CO-OPERATIVE STORES.

THE practice of having prescriptions dispensed and purchasing drugs at co-operative stores is so rapidly growing that it becomes necessary to ask whether due care is taken to secure the services of qualified persons to conduct this portion of a very flourishing business. Drugs are not articles of consumption which it is safe to cheapen beyond reasonable limits, and in the dispensing of prescriptions skill must be engaged, which it is impossible to obtain except at a fair salary. We do not make any imputation on the quality of the medicines sold at stores, or impugn the qualifications of those who dispense them, but the matter is clearly one to which it is desirable to draw attention. The licence of the Apothecaries' Society for assistants, or the certificate of the Pharmaceutical Society, must, of course, be held by the dispensers engaged at these stores, and we think it is highly desirable, if not imperative, that this part of the establishment should be placed on a separate footing as regards the selection and testing of goods before they are distributed to the public. There can be no difficulty in adopting all necessary and expedient precautions in the conduct of this strange trade, seeing that the profits made by our amateur tradesmen are enormous.

THE HOSPITAL SATURDAY FUND.

IT is refreshing in the midst of the monotonous wail over the bad times to hear that the amount of the Hospital Saturday Fund exceeds that of last year by £800, though in the case of three-fourths of the subscribers the payments were considerably less than in the previous year. The *employés* of no less than 800 new firms have this year contributed to the Fund. These facts are creditable to the Council, and show no little energy on the part of its members. The same quality is exhibited in the Report of the Council and of the Distribution Committee. The expenditure, too, is materially reduced. Thus, the percentage of expenditure to receipts in 1874 was 29·81, in 1878 19·93. The energy of the Council is shown further in the exhaustive way in which the statistics supplied year by year are analysed, and in the readiness with which the Council dives into all the most difficult questions of hospital administration. Such a collection and such accounts imply a great deal of personal labour and interest which deserve to be rewarded by a much larger sum than has yet been raised, to say nothing of the inadequacy of this sum as the subscription of the working classes of London to institutions which exist chiefly for their benefit. We commend this fund to all employers of labour and their *employés*.

ORIGIN OF THE FOURTH PAIR OF CEREBRAL NERVES.

DR. DUVAL gives the results of his observations on the real origin of the pathetic nerve in a late number of the *Journal de l'Anatomie*. Its course from its point of emergence to its nucleus of origin is, he states, short, but very complex. In the valve of Vieussens two transverse bands can be clearly distinguished, each of which presents two extremities, one occupying a superior plane, which is the emergent or peripheric extremity of the fourth nerve, the other more deeply placed, which represents the cerebral extremity. This part is in relation with the superior border of the cerebellar peduncle and with the external border of the superior root of the fifth—a relation that has led some anatomists to refer to the fifth those fasciculi which really belong to the pathetic. The fibres of the fourth then incline downwards and inwards, and may be followed to their nucleus. If we trace the root in the opposite direction, that is, from its real origin to its emergence, it will be found that, issuing from the nucleus, the fibres of origin run at first nearly transversely outwards, then from before backwards parallel to the axis of the nervous system, then turn suddenly inwards to decussate in the valve of Vieussens with the opposite nerve. The nerve-root therefore forms a horseshoe, with its convexity directed outwards. The anterior limb is formed by the fibrils emerging from the nucleus. The posterior branch constitutes the decussation of the nerves, and the middle longitudinal part is in close relation with the ascending root of the fifth; it is, in fact, crossed by this root of the fifth, which runs from the superior part of the pons into the region of the internal border of the tubercula quadrigemina.

RABIES AMONG THE ROYAL BUCKHOUNDS.

IT is, to say the least, strange that little attention has been attracted to the occurrence of rabies in Her Majesty's kennels. The identity of the disease is beyond question. The symptoms and post-mortem appearances have been recognised by the highest authorities, and nothing remains except to ensure the safety of other packs by either destroying the royal buckhounds or placing the animals under close observation until the most extended period of delay on record, between the reception of the poison and the manifestation of symptoms, has elapsed. This is a matter of the greatest importance, as, supposing the hounds to be allowed beyond the walls of their domain, stray dogs may be bitten and the malady extended. It is even possible that deer may be infected. The strongest measures are required, and if the occurrence of rabies among the Royal buckhounds should lead to their destruction, we venture to hope the opportunity may be taken to disestablish a hunt which, as at present organised, has for its object the periodic worrying of tame stags in a fashion which cannot, by the most generous stretch of charity, be described as *sport*. We have often felt it a duty to express regret that this barbarous diversion should be carried on under Royal patronage. The occasion now offers to wipe away the reproach.

YELLOW FEVER.

WE are unfortunately compelled to make another record of the mortality and misery produced by this disease in the Southern States of America. Eleven deaths occurred in New Orleans during the week ending Nov. 15th. Dr. Woodworth says:—"It is impossible to procure the accurate number of new cases, but there were no deaths or new cases during the twenty-four hours preceding the close of the report. In Clinton there have been 40 cases since the commencement of the epidemic at the beginning of September, among the white people, and 15 deaths; whereas among the coloured population 56 cases have occurred and no deaths—a noteworthy fact. In Delphi 100 cases and 50 deaths, and in Moscow, Mississippi, with a population of 185 persons, 71 cases and 35 deaths are registered."

HEROIC MEASURES.

A VERY original paper has been published by Dr. French, of Portland, U.S., and which was read before the Maine Medical Association, on "The Eradication of Syphilis and Crime by the Extirpation in that class of the Procreative Power." The writer remarks that "to wilfully contract a disease which may disfigure your face, rot your bones, and put out your eyes, is actually praiseworthy compared with the crime of polluting the springs of life in your children and your race, starting from the shore of time a wave of disease which will surge over the broad sea of humanity towards eternity, rendering the strong weak, the beautiful hideous, the innocent vicious, the happy miserable." Dr. French's one remedy for all this misery is the knife, which

he would use freely upon both sexes; indeed, he seems inclined to carry out the suggestion made by Pompey in *Measure for Measure*, "to geld and spay all the youth of the city." That this suggestion might in part be carried out with regard to habitual criminals, and that the surgeon's knife might on occasions be made to take the place of long sentences and capital punishment, we think is matter for debate; but to eradicate syphilis by such measures is out of the question, and if put in force in the State of Maine we fear that after ten years one might "rent the fairest house in it after threepence a day."

THE EXECUTIVE COMMITTEE OF THE MEDICAL COUNCIL.

THIS Committee is summoned to meet again on Wednesday, the 11th of December. It had two sittings in November. The proceedings of the Committee are not public. Though they must have some reference to the administration of the Dentists Act, we may reasonably conclude that such frequent meetings, bringing members from Scotland and Ireland, have reference principally to the preparation of a report on the Constitution of the Council.

INFECTIOUS DISEASES HOSPITALS.

THE Dorking Rural Sanitary Authority, after a very stormy discussion on the 28th ult., determined to take steps to establish some sort of a hospital for the use of persons affected with contagious or infectious diseases, in accordance with the provisions of the Public Health Act. The "incidents" of the Dorking district are in this matter, so to speak, somewhat peculiar, and we shall have more to say of them on a future but not a remote occasion. Meanwhile, it is eminently satisfactory that Dr. Jacob, the energetic medical officer of health for the combined districts, is advising the authority to fulfil its duties to the public. A rough plan of the hospital only has been submitted to us, so that we prefer to postpone all details as to its arrangements until the next or the following week. It may be well to remark parenthetically, that a model hospital for such purposes, one that shall be economical in construction as well as simple, is very much required.

THE MEDICAL SOCIETY OF LONDON.

THE Council of the Medical Society of London, with the view of rendering its work more complete, have determined to devote one or more evenings during each session to microscopical demonstration. Dr. Tilbury Fox, at the request of the President, is announced to inaugurate the proceedings on Monday next, when he proposes to give illustrations of the histology of various forms of skin disease. The microscopical specimens will be on view at the Society's house after one o'clock on the same day.

INTRAVENOUS INJECTION OF MILK IN ANÆMIA.

N. WULFSBERG has made a series of researches on animals on the effects of the intravenous injection of milk, recommended by Gaillard Thomas, as a means of preserving life in cases of hæmorrhage and other forms of anæmia. He injected about 250 grammes, and examined the blood, especially with a view to determine whether, as Donné stated in 1844, the globules of milk were converted into white corpuscles. He found that the white corpuscles undoubtedly increase in number, but only after having first taken up—in fact, eaten—the milk spheres. He was unable to preserve the life of dogs by this means; their body weight diminished, and they died without obvious disease, and he found hæmorrhagic infarcts in the lungs. He found it to be impossible to maintain the life of animals by subcutaneous injections of fresh milk as they became atrophic. If about ·75 per cent. of the estimated weight of the blood were withdrawn from dogs they bore the intravenous injection of milk well; but when large quantities were introduced they rapidly died. The injection of milk caused the sounds of the heart, which were previously inaudible, to become clear and distinct. He thinks, however, a milk injection can never supply the place of an injection of blood.

PRISON MORTALITY.

SEVERE as the verdict of the jury is in the case of the prisoner Nolan and the condemnation of the present system of prison management, it is fully justified by the extraordinary facts disclosed at the inquest. It is impossible for the matter to rest here, and the question of prison mortality, discipline, and diet, with special reference to Nolan's case, must be brought forward for early discussion in the House of Commons.

A CONVIVIAL meeting of the London Hospital Medical Club was held on the evening of the 20th November at the Grosvenor Gallery Restaurant. Mr. Corner, of Poplar, occupied the chair. Thirty-seven gentlemen sat down to dinner. Among the members present were Mr. Curling, F.R.S., Dr. Langdon Down, Mr. John Couper, Mr. S. Cartwright, Mr. Streatfeild, Mr. Liddle of Bow, and several members of the London Hospital staff. Sir Joseph Fayrer, K.C.S.I., was one of the guests, and responded for the army and navy and reserved forces. Mr. Curling introduced the toast of the chairman, a former pupil and house-surgeon, in very complimentary terms. The toast of the London Hospital Medical Club, given by Mr. Liddle, was acknowledged by Dr. Christie, of Ealing, and Mr. Osborne Johnson, of Bassingham, Newark. Dr. Tidy toasted "the Visitors," and Dr. Barnes proposed "the Secretary" (Mr. Rivington).

DR. WM. M'KENZIE SAUNDERS, Deputy Inspector-General of Hospitals and Fleets, R.N., on the Retired List, died suddenly of apoplexy at 11, Seaton-terrace, Mutley, a few days since, in his sixty-first year. The deceased officer served as Assistant-Surgeon in the *North Star*, at the capture of Woosung and Shanghai, and in the *Yangtse-Kiang* in 1842, and was employed as Acting Surgeon on shore at New Zealand during the attacks on the rebel stockades. He was also employed from 1851 until 1855 in the *Styx*, 6; again, in the East Indies as Surgeon, and was subsequently Staff Surgeon at Devonport Dockyard from January, 1871, until advanced, March 26th, 1874, to the honorary rank of Deputy Inspector-General.

IN a few days a vacancy will, under existing regulations, occur on the Active List of Inspectors-General of Hospitals and Fleets, consequent upon the retirement of Inspector-General Dr. W. T. Domville, C.B., under the compulsory-age clause of the Order in Council governing naval medical retirements. Inspector-General Domville is at present in charge of the Royal Naval Hospital at Haslar.

WE deeply regret the fatal accident to Mr. Gye. This gentleman, while out shooting with a party, received the charge of a gun which was incautiously handed back on full-cock by some one passing through a hedge. The shot penetrated the abdomen, and some lodged in the kidney, as shown by the immediate presence of blood in the urine.

IN a Latin brief Pope Leo XIII. has conferred on Dr. Gerson da Cunha, of Bombay, well-known for his researches on dengue and other tropical diseases, the Order of Saint Gregory the Great as a mark of the Pontiff's appreciation of Dr. da Cunha's researches into the "Monumenta veterum Indorum."

BIRKENHEAD, which, it may be remembered, was incorporated last year, has now a bench of magistrates. Among the gentlemen who have been placed on the Commission of the Peace for the borough we are pleased to notice the name of Dr. J. F. Stevenson, physician to the Birkenhead Borough Hospital. Dr. Stevenson, who enjoys a select practice in the town and county, and who has served the Birkenhead Hospital for thirty years, well merits the distinction, and the members of the profession in the locality will appreciate the honour conferred on their able *confrère*.

THE annual general meeting of the Medical Teachers' Association was held on Friday, the 29th ult., in the board room of the Charing-cross Hospital. Mr. Jonathan Hutchinson was elected President in the room of the late Mr. De Morgan; and Dr. Julius Pollock and Mr. John Wood were elected Vice-presidents in the place of Dr. King Chambers and Mr. Brodhurst, resigned. After the transaction of some routine business the Association adjourned.

DR. RICHARD TUOHILL died last week in Dublin at an advanced age. The deceased was a graduate in medicine of the University of Edinburgh, a Fellow of the Royal College of Surgeons in Ireland, and held the post of visiting physician to the Richmond Lunatic Asylum.

THE Ophthalmological part of the "Archives of Ophthalmology and Otology" will, in future, be issued separately from the Otological part. Dr. J. Hirschberg, of Berlin, joins Professor Knapp in the editorship in place of Professor Mauthner, of Vienna.

AT a meeting of the Senate of the University of London on Nov. 27th, Dr. Greenfield was appointed to the post of Professor Superintendent of the Brown Institution, vice Dr. Burdon Sanderson, resigned.

THE number of students matriculated in the Faculty of Medicine, University of Edinburgh, for the current year up to the present time is 1049—viz., students of the first year, 340; second year, 259; third year, 189; fourth year, 261.

M. BARDOUX, Minister of Public Instruction, laid the foundation stone of the New Ecôle Pratique or dissecting-rooms, belonging to the Faculty of Medicine at Paris, on Wednesday, the 4th inst.

Correspondence.

"Audi alteram partem."

FOREIGN BODIES IN THE AIR-PASSAGES.

To the Editor of THE LANCET.

SIR,—The two interesting letters on the above subject, by Drs. Padley and Baird, which appeared in your impression of November 16th, having escaped my notice until yesterday, I now beg permission to make a brief comment on each of these communications.

Now that my attention has been directed to the subject by Dr. Padley, I entirely agree with him in the opinion that when the body is inclined head-downwards for the purpose of expelling a foreign substance from the air-passages, the unrestrained supine posture on an inclined plane, as described by him, is obviously preferable to the plan of strapping a patient to a table in the prone position.

Dr. Padley very clearly states two reasons for preferring the supine to the prone position, one being that the foreign substance will thus gravitate towards the wide base of the triangular opening of the larynx, and so have a better chance of a speedy exit than if it strike the anterior angle of the glottis; and the other is that the patient is free at once to assume the erect posture by his own unaided effort if laryngeal spasm should be excited by the contact of the foreign body. I venture to add yet another argument in favour of the supine posture, which is, that in that position the respiratory movements, both thoracic and abdominal, are much less impeded than they must necessarily be by the prone position. The patient could, therefore, more readily make the inspiratory effort which I have referred to in my lecture as an important means of ensuring a widely open glottis at the moment when the body is inverted.

With reference to Dr. Baird's case of sudden death with a plum-stone in a bronchus, my interpretation of the catastrophe is different from his. I believe that when the child coughed violently and became black in the face some hours before death, the plum-stone was passing through the glottis and thence into the lung. Then, when at midnight she suddenly rose up in bed, was sick, black in the face, and died, the plum-stone had been coughed up against the larynx, and, after exciting a fatal spasm, fell back into the bronchus, where it was found after death.

Since the publication of my lecture I have been favoured with the receipt of several interesting private communications having reference to the subject. And amongst these, one from Dr. Lowe, of Lynn, contains the following remarkable case, which he permits me to publish:—"Many years ago," Dr. Lowe says, "I saw, with the late Mr. McKenzie, of Stretford, whom I had gone to meet in consultation, a boy who, whilst playing with an ear of barley, allowed it to escape from his grasp into his mouth, when it instantly disappeared. For a short time he had a troublesome cough, followed by pain in the right side, where Mr. McKenzie detected fine crepitation and dulness on percussion. An abscess formed in the right lateral region of the chest, which Mr. McKenzie opened shortly before I saw the case, and removed the ear of barley. The boy made a good recovery."

I am, Sir, your obedient servant,

Savile-row, Nov. 22rd, 1878. GEORGE JOHNSON.

ON ELASTIC PRESSURE IN THE TREATMENT OF INFLAMMATION OF THE JOINTS.

To the Editor of THE LANCET.

SIR,—The remarks of Mr. C. B. Keetley, in your last issue, in advocacy of the above practice, are characterised by a *naïveté* and truthfulness of manner which assures me that my adverse criticism of the matter will be as well received by him as it is meant by me. When Mr. Lister referred in your columns ("On some Recent Improvements in Antiseptic Surgery") a few years ago to the treatment of effusions into the bursa patellæ by puncture, evacuation, and continuous drainage, under his antiseptic conditions, he showed how the removal altogether of tension alone (other conditions being almost unchanged) led to a cessation of fluid accumulation, and demonstrated most conclusively the converse, that tension alone keeps up inflammation in a sac.

My own conviction of the truth of his proposition dates from the day on which he promulgated it in THE LANCET. I have since had many opportunities of acting upon, and of being further convinced of, this elementary surgical truth (as I think it). I teach it in my lectures, and endeavour to act up to it in my practice.

Without going into much detail as to its application in other ways, I hold that it applies no less to the case of fluid confined in a joint, and have even proved its verity when mere serum has accumulated under a scab, for a faint pink blush may be perceived in the skin at the edge of a scab as soon as fluid tension beneath that scab has become established, only to disappear on the elevation of the scab and the liberation of the fluid; this, too, even before suppuration.

I believe that pressure is misapplied to hydrops articuli, and that its use is calculated to aggravate the condition it is intended to relieve. In the majority of instances the fluid will disappear when the joint is fixed straight and still in acute cases. In many chronic cases this is also true; but if, in addition, the fluid be drawn off with an aspirator, in either acute or chronic cases, its disappearance may be assured. Perhaps not always by a single aspiration, but always after some. I am not now referring to cases where the joint has a lining of lymph in addition, though even here

it does not always fail. It is on this principle also that Mr. Lister has practised (as others have also practised) the incision, evacuation, and drainage of simple serous synovitis.

There is uncertainty enough in what we are often pleased to call the principles of surgery, to enable many to argue for or against any and every theory under the sun, and to dispose of each with a stroke of the pen; so that this may be less easy to prove on paper than to demonstrate in practice. However, having regard as much as possible to the realities of the case as distinguished from mere language, I believe that those surgeons will have most success with articular effusions who avoid compression, and I have never yet regretted having avoided it, and can quote many instances in my favour. That cases may get well after compression is undeniable, but these occurrences are, I think, in *spite* of it. This fact alone renders the proof more difficult in writing than in personal acquaintance with its operation.

I am, Sir, yours, &c.,
RUSHTON PARKER, F.R.C.S., B.S.

Liverpool, Nov. 26th, 1878.

THE PRIMARY EXAMINATION FOR THE FELLOWSHIP OF THE COLLEGE OF SURGEONS.

To the Editor of THE LANCET.

SIR,—The paper on Anatomy and Physiology which was set at the recent primary examination for the fellowship, and which was published in your last impression, draws attention again to the character of this examination.

Is it still considered that to test the knowledge of a candidate on anatomy, physiology, and comparative anatomy—a knowledge which he must have spent at least three years in acquiring—four questions are sufficient? For seven years no larger number than this has been set, and the candidate, on penalty of rejection, is required to answer all of them.

On analysing these questions the following points may be noticed :—

In the second question a vertical transverse section of the skull is required; but, it may be asked, in what position is the head to be placed when this vertical section is made?

In the fourth, the function of the supra-renal capsules. On turning to Hermann's work, translated by Gamgee (1875, p. 178), will be found the following sentence :—"Concerning their function nothing is known." In Foster's "Physiology" (ed. 1877) no mention is made of these organs. It seems hard, therefore, to use this question as the only test for the candidate's knowledge of physiology.

With regard to the third question, it may be doubted how far there is any form of vertebral centrum characteristic of the primary divisions of the vertebrata. For, in the ichthyopsida, there may be none, or, as in amphibia, its forms are various, while in the sauropsida the reptilian centra present great differences.

Surely it would be desirable to give some guide as to the amount of knowledge of comparative anatomy which a candidate is expected to possess, and, by setting a separate paper on physiology, to afford him a better opportunity than can exist at present of giving a real proof of his knowledge in this subject also.

These would be easily effected improvements, for I have not ventured to suggest, what I nevertheless believe to be the wiser alteration, the appointment of separate examiners in physiology, as well as in comparative anatomy, if this subject is still to have a place in the examination.

I remain, Sir, yours obediently,
A FELLOW.

Nov. 26th, 1878.

A RARE COMPLICATION IN LABOUR.

To the Editor of THE LANCET.

SIR,—On January 10th, 1877, Dr. J. Robert Ward and myself had the honour to forward a note on "Fatality in two cases of labour locked by contraction of the transverse fibres of the uterus," it being the first time that Dr. Ward, in an experience extending over many years, had met with such an accident in labour. Since then four other cases of similar nature have been recorded in the *Boston Medical and Surgical Journal* of March 21st, 1878, in a paper read by Dr. Alfred Hosmer at the meeting of the Obstetric Society of Boston, February 9th, 1878. There is no mention of any such accident either in Ramsbotham, Churchill, Schroeder, or in any of the standard works, so far as we have examined them. In one of the cases mentioned in the note referred to death ensued after the combined efforts of three physicians had failed, after employing anæsthetics, ergot, forceps, &c. After unsuccessful attempts at version, warm bath, and every expedient was resorted to, yet the strength of three strong men pulling on the forceps was useless. This woman, Mrs. ——, aged thirty-eight or thereabouts, had had several labours easy and natural, the forceps being used only in one. She was the mother of several healthy children. In this fatal labour so great was the constriction that it was only relaxed by death. It was advanced both by Dr. Ward and myself that in the absence of expulsive effort, which demands the combined action of all the bundles of uterine fibres, the muscular force was, by pathological process (possibly from faulty involution after last labour), concentrated in the transverse fibres, as the fundus could be felt through the abdominal walls soft and yielding, thus excluding the diagnosis of tetanus uteri. In Dr. Hosmer's four cases all died, two undelivered. Of these one was primipara, the other died in second labour. An explanation of this certainly rare complication in labour is offered by Zandl, of Vienna, who believes that the cervix is elongated, so that the internal os appears what would be normally the middle of the body of the uterus, and, according to him, the cervix thus elongated and distended would deceive us as to the constriction being in the body of the uterus at all. In the second case mentioned in my first note the child was *extracted* by craniotomy, incisions being necessary before the forceps could be applied; this patient had eclampsia. It is remarkable that at the post-mortem in Dr. Hosmer's cases the pelvis in two instances showed signs of marked deformity, while in the two others, and, in some respects, the worst, the pelvis was reported as "well formed and of full capacity, with nothing unusual in conformation."

Before accepting positively the explanation of Zandl, which seems reasonable, we should like to submit this vexed question to THE LANCET, in the hope of obtaining some light, both of a pathological and therapeutic nature. The interest of the subject, as well as its importance, must be our apology for trespassing thus far upon your time, and, perhaps, your space.

Your obedient servants,
GEO. HALSTED BOYLAND, A.M., M.D.
(Countersigned) J. ROBT. WARD, M.D.

Baltimore, Oct. 10th, 1878.

COMPULSORY REGISTRATION OF INFECTIOUS DISEASE.

To the Editor of THE LANCET.

SIR,—Commenting in last week's LANCET on the powers lately obtained by the commissioners of Burton-on-Trent for the compulsory registration of infectious disease, you appear to be under the impression that such powers have not been obtained before by a sanitary authority. May I remind you that similar powers were obtained for Bolton over twelve months ago, and subsequently the example has been followed by Greenock and Nottingham.

I am, Sir, yours truly,
E. SERGEANT,
Medical Officer of Health.

Bolton, Dec. 3rd, 1878.

SOCIETY OF STUDENTS OF MEDICINE.—At a meeting of the above Society, held on the 28th of November, it was unanimously decided that a branch of the Society should be established in London. The following office-bearers were elected :—Vice-President, Mr. Thomas Hutton, L.R.C.P.; hon. sec. and treasurer, Mr. James Gilbert (Charing-cross Hospital). Gentlemen wishing to become members are requested to apply to the hon. secretary and treasurer, Mr. James Gilbert, Charing-cross Hospital, Strand, from whom all particulars can be obtained. All gentlemen who are members of any of the provincial branches of the Society and are now residing in London, and who may be desirous of joining the London branch, are requested to inform the hon. secretary and treasurer. The next meeting of the Society will take place on the 12th of December, at 8 P.M.

ST. THOMAS'S HOSPITAL.

WE, the undersigned members of the medical and surgical staff of St. Thomas's Hospital, having read the letter addressed by Dr. Bristowe to the Treasurer on the subject of the admission of paying-patients to the hospital, decide that we adopt that letter as a complete exposition of our views on the subject, and beg to express our earnest hope that the representations contained in the letter may receive full consideration from the Grand Committee.

(Signed)

J. S. BRISTOWE.	SYDNEY JONES.
C. MURCHISON.	JOHN CROFT.
WILLIAM M. ORD.	W. MACCORMAC.
HENRY GERVIS.	FRANCIS MASON.
JOHN HARLEY.	EDWARD NETTLESHIP.
J. F. PAYNE.	ALEXR. O. MACKELLAR.
W. S. GREENFIELD.	H. H. CLUTTON.
ROBT. CORY.	

St. Thomas's Hospital, Nov. 29th, 1878.

To the Treasurer of St. Thomas's Hospital.

DEAR SIR,—When, last Monday week, in conjunction with a few of my colleagues, I met you at your request, I was quite ignorant, excepting in so far as I was informed by the terms of the notice of meeting (received on the previous Saturday), that the subject of the admission into the hospital of paying-patients had been under the consideration of the governors; and was, I need hardly say, altogether unprepared to learn that it had been so far discussed and settled in committee that there was no doubt (as you told us) that a resolution to that effect would be carried at the General Court of Governors to be held on the following Wednesday. I confess, too, that I was surprised that an arrangement, which presumably could scarcely be carried out without our co-operation, should practically have been determined upon without previous conference with us.

At the above meeting I, like others, was unprepared adequately to discuss the subject. But discussion at this stage would have been of little value. You will recollect, however, that I expressed serious doubts as to the expediency of the step about to be taken by the governors, and that I pointed out what at the moment seemed to me grave objections, both to the scheme as a whole, and to such of its details as were placed before us. Further consideration has satisfied me of the justice of the criticisms which I then ventured to make.

The scheme, however, has now been accepted in principle by the governors, and has been relegated to the committee to settle its details and carry it out. Under these circumstances it would probably be useless to discuss its general merits, but it becomes all the more important that I should point out clearly the chief difficulties which I foresee in the way of its accomplishment, and the chief objections which I recognise to some of the specific proposals which have been made.

1st. You suggested to us when we met (and I find this suggestion was repeated at the General Court, so that I may assume that this is a point upon which you have formed a tolerably definite opinion) that Block 8, hitherto and now devoted to infectious cases, should in future be allotted to paying patients, the grounds of your suggestion apparently being that this block is only thinly occupied, that it is expensive in proportion to the number of patients that it benefits directly, and that such infectious cases as are received into it might be treated elsewhere in the hospital, or be removed from St. Thomas's to other institutions. I am quite sure, Sir, that this opinion has not been derived from your medical staff, and I do not hesitate to assert that it is utterly at variance with their views on the matter. The only pretence for going to the enormous expense of building the hospital on the block system was that it should be able safely to accommodate patients of all kinds—infectious and non-infectious. This was fully recognised from the beginning; and not only so, but No. 8 Block was, in the course of its erection, on the unanimous recommendation of the medical staff, reconstructed at a cost of some thousands of pounds, with the special object of adapting it for the ordinary reception of infectious cases. It is no doubt true that the wards of this block are usually less thickly peopled than the other occupied wards. And there has at times, and notably during the recent epidemic of small-pox, been a tendency on the part of the treasurer and governors to check the entrance into it of infectious cases from without. But notwithstanding this, the block has been of extreme value both to the hospital and to the public; and, so far from being empty, it contained, at the very time the General Court was sitting, forty patients, distributed amongst its sixty beds. But even if at times it were to be absolutely deserted, this would be no sufficient reason for discontinuing its use as a place for the reception of infectious diseases. Erysipelas and pyæmia must be purged from the surgical wards; cases of whooping-cough, measles, scarlet fever, and diphtheria must, when they break out in it, be taken from the children's ward; and cases of these diseases, of small-pox, and of other like disorders, must, if they appear in them, be removed from the general wards. Nor can there be any excuse, in a hospital provided at great cost with special means of isolation, for neglecting the advantages which have been thus secured, and to allow, in spite of them, infectious cases to remain in dangerous contiguity with the general patients. As regards the suggestion to remove infectious patients to special institutions, it must be recollected that, apart from the danger to themselves and to the public of sending them through the streets, the Asylum Board Hospitals are for paupers, and no provision is professed to be made in them excepting for persons in actual receipt of parochial relief.

2nd. I am not aware that any of the medical officers have been consulted as to whether, and on what terms, they would be willing to take professional charge of paying-patients in the hospital. It is quite clear that patients who are able to pay, and undertake to pay, for hospital treatment, would have an altogether different relation to the physicians and surgeons from those whose treatment is gratuitous. They would not be objects of charity at all; and it would, on principle, be unreasonable to require a staff that was elected for quite other purposes to give their gratuitous services to them. I presume that the two guineas a week, which each patient will be called upon to pay, represents the charge to be made by the hospital in respect of board, lodging, nursing, and medicines, with a margin for profit; and the charge is by no means a heavy one for these advantages. It is altogether inadequate, however, if it be intended to include remuneration for medical and surgical attendance.

Yet, although I maintain that in a hospital established for the reception of paying-patients the medical attendants ought not only to be paid, but to be paid adequately, I am free to confess that the objections to the medical staff of our hospital receiving payment for such patients admitted within its walls are insuperable. If we consented to receive a salary, or a payment at so much a head, or chose to ask half-a-crown or five shillings per visit to each patient, we should be justly laying ourselves open to the charge of competing unfairly with the general practitioners; if we were allowed to claim consulting-fees, I need scarcely say that it would appear, and with good reason, that the department was established for our especial benefit; and in either case we should be abdicating the independent and high position in the hospital which the medical staff ought to hold, and has hitherto held.

The proper principle to adopt is clearly that which has already been suggested, if not finally adopted, in regard to the institutions for paying-patients, which are now in progress of realisation—namely, that the patients should employ and pay their own private medical attendants, or else that they should be placed under the charge of a resident medical officer, paid by salary, and with no other source of professional income.

There is another and very important view in which the attendance of the hospital medical staff on paying-patients would be objectionable. The governors have probably not considered the heavy, and in a scientific aspect doubtless unremunerative, extra labour which they incline to impose upon us. It is not merely that half-a-dozen or a dozen patients would be added to each medical officer's charge—that not one of us would object to; but they will occupy different wards, so that instead of, as now, having to visit four or five wards, we should have to visit six or seven, scattered in different parts of the hospital—a matter of no small importance in an institution built on such

a plan as St. Thomas's. Moreover, the patients, besides probably being particularly uninteresting in the sense above indicated, would certainly, from the fact of their paying for their accommodation, be unduly exacting of time and attention.

3rd. The remarks just made in reference to the physicians and surgeons apply also in great measure to the resident staff. Are the house-physicians and house-surgeons, clinical clerks, and dressers, to be required to attend on the paying-patients without fee or reward? It might be remarked, perhaps, that then, as now, they would be gaining experience from the performance of their duties, and that, provided the hospital were full, it would matter little to them whether the patients they had to attend to were admitted by payment or not. I am satisfied, however, that in practice the result would be different; that the paying-patients would regard themselves as a class apart; that they would exact more attention than the other patients, and give less in return; and that ere long, if not at first, junior officers would decline, and I think rightly decline, to give them their gratuitous services.

4th. Has any serious consideration been given to the kinds of patients to be admitted, and to the terms (not pecuniary) on which they should be admitted and treated? I believe it is contemplated that the paying patients will be furnished by the lowel middle class, and that some care will be taken to exclude persons of a higher and wealthier grade. And I assume it is intended that they shall, as far as possible, be such as are likely to be specially benefited by skilled medical or surgical treatment. But I venture to say that it will be very difficult to secure the admission of suitable patients, unless they offer themselves for selection in the usual way, and consent to be accepted or rejected on their merits. If they be admitted by governors' letters, they will necessarily be unselected, and, in large proportion, unsuitable for hospital treatment; if they be received on the recommendation of private practitioners, they will certainly comprise an excessive number of old cases of dyspepsia, and other chronic or incurable cases: if the physicians and surgeons have much to do with their selection, there is some reason to fear that sooner or later the department will be worked more or less in connexion with their private practice.

Although I am one of those who approve in principle of the establishment of hospitals or institutions for the medical and surgical treatment of certain patients who are able to pay, I have always felt that there were great difficulties in the way of putting it into practice, and have consequently been curious to see how, under Mr. Burdett's auspices, the experiment would answer. And I must confess that I had infinitely rather see the experiment made elsewhere than in connexion with St. Thomas's Hospital.

It seems to me, for an institution of this kind to succeed, that the patients should be admitted, not on account of the urgency or gravity of their cases, but simply because they require medical or surgical care and nursing; that they should not be treated by a staff who carry on exterior practice as well, and who are likely, therefore, to make these institutions subservient to their private practice, but either by their private medical attendants, or by a fully qualified and competent medical officer paid by salary, and by salary alone; that if they require to be seen by a consulting physician or surgeon, he should be called in in the usual way, and on the usual terms; and that such institutions should not be tacked on to the ordinary general hospitals, which are carried on with different objects, and on different principles, and with the due working of which they are then only too likely to interfere.

I cannot pretend, therefore, to approve of the contemplated establishment for paying-patients within the walls of St. Thomas's, or to believe that the result will be satisfactory. Yet, while not approving of it, and while pointing out the many objections to it which present themselves to my mind, I shall willingly, in the belief that the arrangement is temporary, and intended to bring money into the hospital coffers, do all that I reasonably can to assist the governors in their endeavours to make it a success.

But, as far as I can at present see, I am disposed to advocate the appointment of a special resident officer or of special resident officers to take the sole medical and surgical charge of the new establishment, and, under any circumstances, must record my respectful but decided protest against the suggested misappropriation of No. 8 Block. I believe the most satisfactory solution would be to let one of the blocks, at a sufficient rental, to those who are now specially engaged in the movement for institutions for paying-patients, and to let them carry out their arrangements independently of the rest of the hospital.

I remain, dear Sir, yours very faithfully,

J. S. BRISTOWE.

11, Old Burlington-street, Nov. 28th, 1878.

PARIS.

(*From a Correspondent.*)

SOME of your readers may remember the sensation that was caused in scientific circles in Paris by the publication of a posthumous "mémoire" by Claude Bernard, upon the theory of fermentation. It was a question at the time whether these notes were to be considered as the definite expression of the ideas of the illustrious physiologist upon the subject. As they were in direct opposition to the views entertained by M. Pasteur, was it reasonable to suppose that these were erroneous? It is probable that Claude Bernard would have shown some hesitation in publishing his ideas upon the matter before having submitted the results which he hoped to have attained to some fresh trials. The publication has given rise to a new series of experiments on the part of M. Pasteur, which have been undertaken with that rigorous precision which gives such capital importance to any affirmations of this observer. M. Pasteur, at the last meeting of the Academy of Medicine, was enabled by these experiments to refute the objections which were advanced against his earlier researches.

M. Marey, the celebrated physiologist of the Collége de France, has just been elected a member of the Académie des Sciences.

A recent letter from Tangiers announces that several cases of cholera have been recorded. At Mogador the mortality has already risen to sixty deaths a day from the disease.

At a recent meeting of the Chambers a lively discussion was brought on by Dr. Clémenceau between him and M. Bardoux, the Minister of Public Instruction, concerning the entering into function of the Professor of Mental Pathology. The necessary funds for the creation of this chair were voted by the Assembly two years ago, but Professor Ball, the *titulaire* of the chair, has not, up to the present moment, been provided with a service. The discussion did not show to whom the delay was to be attributed, but it is probable that the Minister of Public Instruction has had to encounter difficulties coming both from an administrative and a medical source.

M. Brown-Séquard began his course on December 2nd, upon the "Doctrines relatives aux principales actions des Centres Nerveux."

Paris, Dec. 3rd, 1878.

Medical News.

UNIVERSITY OF LONDON.—The following is a list of the candidates who have passed the recent Second M.B. Examinations for Honours:—

MEDICINE.

FIRST CLASS.

Nicholson, J. Francis (Scholarship and Gold Medal), St. Thomas's Hospital.
Carrington, Robt. Edmund (Gold Medal), Guy's Hospital.
† Henderson, Geo. Courtenay, University College.
Wiglesworth, Joseph, Liverpool Royal Infirmary.
Uhthoff, John Caldwell, Guy's Hospital.

SECOND CLASS.

Eq. Davy, Henry, Guy's Hospital.
Gadsby, John Topham, University College.
Hadden, Walter Baugh, Liverpool School of Medicine and St. Thomas's Hospital.
Joule, John Samuel, Univ. College and St. Barthol. Hospital.
Miller, Richard Shalders, University College.

THIRD CLASS.

Eq. Wilkinson, Arthur Thomas, B.A., B.Sc., Owens College.
Willcocks, Frederick, King's College.
Prowse, Arthur Bancks, St. Mary's Hospital.

OBSTETRIC MEDICINE.

FIRST CLASS.

Henderson, G. Courtenay (Scholarship and Gold Medal), University College.
Sheldon, Thomas Steele (Gold Medal), Guy's Hospital.
Wiglesworth, Joseph, Liverpool Royal Infirmary.
Eq. { Hadden, Walter Baugh, Liverp. Sch. of Med. and St. Thos. Hosp.
Eq. { Willcocks, Frederick, King's College.
Uhthoff, John Caldwell, Guy's Hospital.

SECOND CLASS.

Eq. { Davy, Henry, Guy's Hospital.
Eq. { Whitney, Neville Scott, University College.
Miller, Richard Shalders, University College.
Carrington, Robert Edmund, Guy's Hospital.
Eq. { Prowse, Arthur Bancks, St. Mary's Hospital.
Eq. { Wilkinson, Arthur Thomas, Owens College.
Gadsby, John Topham, University College.
Lubbock, Montagu, Guy's Hospital.
Nicholson, John Francis, St. Thomas's Hospital.

FORENSIC MEDICINE.

FIRST CLASS.

Uhthoff, J. Caldwell (Scholarship and Gold Medal), Guy's Hosp.
* Henderson, G. Courtenay (Gold Medal), University College.
† Carrington, Robert Edmund, Guy's Hospital.
Willcocks, Frederick, King's College.
Jonle, John Samuel, University College and St. Barthol. Hosp.
Nicholson, John Francis, St. Thomas's Hospital.

SECOND CLASS.

Davy, Henry, Guy's Hospital.
Prowse, Arthur Bancks, St. Mary's Hospital.
Hadden, Walter Baugh, Liverp. Sch. of Med. and St. Thos. Hosp.
Benham, Frederick Lucas, University College.
Wiglesworth, Joseph, Liverpool Royal Infirmary.

THIRD CLASS.

Sheldon, Thomas Steele, Guy's Hospital.
Paddison, Edmund Howard, Guy's Hospital.

* Obtained the number of marks qualifying for the Scholarship.
† Obtained the number of marks qualifying for a Gold Medal.

The following are the names of the candidates who have passed the recent M.D. Examination :—

Ashby, Henry (Gold Medal), Guy's Hospital.
Hellier, John Benjamin, Leeds and University College.
Horrocks, Peter, Guy's Hospital.
Morley, Thomas Simmons, Guy's Hospital.
Pope, Harry Campbell, B.S., Liverpool and University College.
Symonds, Charters James, B.S., Guy's Hospital.

LOGIC AND PSYCHOLOGY ONLY.

Boddy, Hugh Walter, Manchester Royal School of Medicine.
Gristock, William, University College.
Hobson, Lewis John, B.S., University College.
Jones, Arthur Henry, Guy's Hospital.
Paget, William Smith, Liverpool and University College.
Raine, George Ralph, Guy's Hospital.
Stevenson, Leader Henry, Guy's Hospital.
Tirard, Nestor Isidore Charles, King's College.

The following is a list of the candidates who have passed the recent B.S. Examination :—

FIRST DIVISION.

Blake, William, University College.
Miller, Richard Shalders, University College.

SECOND DIVISION.

Benham, Frederick Lucas, University College.
Gadsby, John Topham, University College.
Silcock, Arthur Quarry, University College.
Smith, Kenneth Rawlings, University College.

APOTHECARIES' HALL.—The following gentlemen passed the examination in the Science and Practice of Medicine, and received certificates to practise, on Nov. 28th :—

Collier, Mark Percell Mayo, Turnham-green.
Gimlette, Thomas Desmond, Merton-road, Southsea.

The following gentlemen on the same day passed the Primary Professional Examination :—

John Rusby Seymour, London Hospital; Malin D'Oyley Gilkes and John Rigby, Guy's Hospital; Walter Wickham and William Wright Shaw, St. Bartholomew's Hospital; Ernest Edw. King, Middlesex Hospital.

DR. MACKESY has been elected Mayor of Waterford for the ensuing year.

IT is proposed to collect funds and establish a scholarship at the Bristol Infirmary, in memory of the late Mr. Thomas William Tibbits.

THE Enniscorthy guardians, at their last meeting, increased the salaries of the Dispensary district medical officers from £90 to £100 per annum each.

THE death-rate of London last week was 23·7, against 22·6 in the week preceding. To small-pox was attributed 8 deaths, to measles 28, to scarlet fever 70, to diphtheria 7, to whooping-cough 39, to different forms of fever 52, to diarrhœa 14, and to diseases of the respiratory organs 441.

THE Forden Guardians have granted a superannuation allowance of £20 per annum to Mr. Joseph Hickman, upon his resigning as medical officer for the Worthen district.

THE LATE DAVID LIVINGSTONE.—With the consent of Dean Stanley, a stained-glass window in memory of the late David Livingstone is about to be placed in Westminster Abbey.

VACCINATION GRANT.—Dr. G. R. Barnes, of Ewell, Surrey, has received from the Local Government Board a gratuity of £6 for successful vaccination in his district.

THE Reading Guardians lately increased the salary of Mr. Oded Lousley, medical officer for the St. Giles district, from £125 to £150 per annum; but the Local Government Board, having been furnished with a statement by Mr. J. J. Henley, one of their inspectors, from which they had arrived at the conclusion that no sufficient grounds had been shown for the proposed increase, have declined to sanction it.

BOOKS ETC. RECEIVED.

H. E. Roscoe and C. Schorlemmer: A Treatise on Chemistry. Vol. II.
Dr. E. Kennedy: Notes on the Substitution of Medicated for Intoxicating Stimulants.
Transactions of the Medical Society of the State of Pennsylvania. Vol. XII. Part I.
Dr. D. Ferrier: The Localisation of Cerebral Disease.
Dr. J. M. Da Costa: Harvey and his Discovery.
Dr. Faralli: Guida Pratica alla Conoscenza e alla Cura della Difterite.
Dr. F. N. Otis: Stricture of the Male Urethra—its Radical Cure.
Transactions of the Pathological Society of Philadelphia. Vol. VII.
Dr. E. Smith on the Wasting Diseases of Infants and Children.
Agnew's Surgery. Vol. I.
The British Almanac and Companion. 1878.
Good Words. December.
Sunday Magazine. December.
The International Portrait Gallery. Part I.
The History of India. Part I.
The Magazine of Art. Part VIII.

Medical Appointments.

ALLISON, Dr. C. W., has been appointed Medical Officer, Public Vaccinator, &c., for the Dungiven Dispensary District of the Limavady Union, co. Londonderry, at £100 per annum and fees, £15 per annum as Medical Officer of Health, and £15 per annum from the Skinners' Company, vice Campbell, resigned.

ANTHONY, J., L.R.C.P.Ed., L.F.P.S.G., has been appointed Medical Officer and Public Vaccinator for the Southern District of the Lancaster Union, vice Norris, resigned.

BARRETT, R., M.D., L.R.C.S.Ed., has been appointed Colonial Surgeon at Ceylon.

BELL, Mr. H. S., has been appointed a Lecturer on Toxicology at the Sheffield School of Medicine, vice Baker, deceased.

BOWEN, E., L.R.C.P.Ed. & L.M., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Kessingland District of the Mutford and Lothingland Incorporation of the Poor, Suffolk, vice Hope, resigned.

BROWN, T. L., M.R.C.S.E., L.S.A.L., has been appointed Registrar to the Victoria Hospital for Children, Chelsea, vice Hale, resigned.

BRYDEN, R. J., M.R.C.S.E., L.S.A.L., has been promoted to the post of Senior Assistant House-Surgeon to the Sheffield Public Hospital and Dispensary, vice Clairemont, appointed House-Surgeon.

COOKE, W. C., L.R.C.P.Ed., M.R.C.S.E., has been appointed Medical Officer to the Merchant Taylors' Convalescent Home, Bognor, vice Thompson, deceased.

COPEMAN, E., M.D., has been appointed Consulting Physician to the Norfolk and Norwich Hospital.

DOBSON, W., M.R.C.S.E., L.S.A.L., has been appointed Medical Officer to the Workhouse and South District of the Holbeck Union; also Public Vaccinator for the whole of the same Union, vice Nicholson, resigned.

GOVER, H. J., M.R.C.S.E., L.S.A.L., has been appointed Medical Officer for the High Easter District of the Dunmow Union, Essex, vice Richards, resigned.

HAWKINS, J. S., L.R.C.S.I., L.K.Q.C.P.I., has been appointed Medical Attendant to the Royal Irish Constabulary, Hollymount, co. Mayo, vice Barron, resigned.

JAMES, W. D., M.R.C.S.E., L.S.A.L., has been appointed a Lecturer on Physiology at the Sheffield School of Medicine.

LISTER, J., M.B., F.R.S., has been appointed Consulting Surgeon to the General Lying-in Hospital.

MILROY, A., F.F.P.S.G., L.R.C.P.Ed., has been appointed Medical Officer to the Fergushill Colliery, near Kilwinning, vice Andrew, deceased.

MONRO, C. E., L.R.C.P.Ed., M.R.C.S.E., has been appointed Medical Officer for the Llanllwchaiarn and Bettws District of the Newtown and Llanidloes Union, vice Hall, resigned.

MORRIS, C. K., M.R.C.S.E., L.S.A.L., has been appointed Medical Officer of Health for the Spalding Urban Sanitary District, at £25 per annum, vice Vise, deceased.

MUNDEN, C., M.R.C.S.E., L.S.A.L., has been appointed Medical Officer and Public Vaccinator for the Ilminster No. 3 District of the Chard Union, vice Harvey, resigned.

MUNRO, A. B., M.D., has been appointed Medical Officer of the North-East District of the Bradford Union.

PARROTT, T. M., M.R.C.S.E., L.S.A.L., has been appointed Medical Officer and Public Vaccinator for the Beaconsfield District of the Amersham Union, vice French, resigned.

PRIESTLEY, C. E., L.R.C.P.Ed., M.R.C.S.E., has been appointed Visiting Surgeon to the Self-Supporting Dispensary and Maternity, St. John's-place, Notting-hill.

REDMOND, G. O'Connell F., L.K.Q.C.P.I., L.R.C.S.I., has been appointed Certifying Factory Surgeon for Cappoquin, co. Waterford.

ROOME, H. A., M.B., C.M., has been appointed House-Surgeon to the Royal Surrey County Hospital, Guildford, vice Casley, resigned.

SHEPPARD, W. G., M.R.C.S.E. & L.M., has been appointed Medical Officer for the Hadleigh District of the Rochford Union, Essex, vice Grayson, resigned.

STONE, J. P., M.R.C.S.E., L.S.A.L., has been reappointed Medical Officer of Health for the Paignton Urban Sanitary District, at £20 for one year.

TAYLOR, A. H., L.R.C.P.Ed., L.R.C.S.Ed., has been appointed Medical Officer, Public Vaccinator, &c., for the Clonmoyle Dispensary District of the Macroom Union, at £100 per annum and fees, and £15 per annum as Medical Officer of Health, vice Barrett.

TERRY, J. G., M.R.C.S.E., L.S.A.L., has been appointed Medical Officer for the Wittersham District of the Tenterden Union.

TULLOCH, Dr. D., has been reappointed Medical Officer and Public Vaccinator for the Parishes of Kildonan and Loth, Sutherlandshire, at an increased salary.

WEEKES, F. H., M.R.C.S.E., L.S.A.L., has been appointed House-Surgeon to the York County Hospital, vice Wreford, resigned.

Births, Marriages, and Deaths.

BIRTHS.

ADAMS.—On the 30th ult., at Rippingale, Lincolnshire, the wife of George Norris Adams, M.D., of a daughter.

CHURCH.—On the 29th ult., at Harley-street, the wife of W. S. Church, M.D., of a son.

CREW.—On the 24th ult., at Higham Ferrers, the wife of John Crew, L.R.C.P.L., of a son.

CULLIMORE.—On the 1st inst., at Westgate-terrace, Redcliffe-square, S.W., the wife of D. H. Cullimore, F.R.C.S.I., Surgeon, Madras Army, of a son.

LAIDLAW.—On the 30th ult., at Pollokshields, Glasgow, the wife of Robert Laidlaw, M.B., of a son.

MACLAGAN.—On the 25th ult., at Eton-terrace, Edinburgh, the wife of Douglas Maclagan, M.D., of twin daughters.

TAYLOR.—On the 27th ult., at Bovey Tracey, the wife of Arthur Norton Taylor, L.R.C.P.Ed., of a son.

WATMOUGH.—On the 30th ult., at Christchurch, Hants, the wife of William Watmough, M.R.C.S.E., of a son.

MARRIAGES.

BATTERBURY—FLOWER.—On the 27th ult., at Codford St. Peter, Wilts, George Henry Batterbury, M.D., to Jessie, daughter of Isaac Flower, M.R.C.S.E.

HAMILTON — ATKINSON. — On the 28th ult., at Drumcree Church, Portadown, Thomas Kinley Hamilton, M.B., to Richenda Johnson, daughter of E. B. Atkinson, Esq.

DEATHS.

COWARD.—On the 2nd inst., at Stepney-square, Thomas Christopher Coward, Esq., M.R.C.S. & L.S.A.L., in his 70th year. Friends will kindly accept this intimation.

DUTTON.—On the 19th ult., at Upper Park-street, Clifton, Sarah, widow of the late Douglas Dutton, Esq., formerly of Connaught-terrace, Hyde-park, aged 68.

HAYES.—On the 29th ult., at Ballyglanders, co. Limerick, Dr. Thomas Edward Hayes.

LITTLETON.—On the 2nd inst., at Plymouth, Thomas Littleton, M.B., aged 54.

LUGAR.—On the 13th ult., at Romford, Philip Lugar, M.R.C.S.E., Surgeon in the Army, Retired List, aged 89.

MARTIN.—On the 16th ult., at Cambuslang, Glasgow, James Alexander Martin, M.D., aged 43.

MOFFAT.—On the 1st inst., at Graham-road, Falkirk, N.B., Annie Kedgie Gay, the wife of Robert Moffat, M.D.

MURGATROYD.—On the 25th ult., at Shipley, Yorkshire, Thomas Murgatroyd, M.R.C.S.E., aged 30.

POOLEY.—On the 27th ult., at Townhead, Rochdale, Charlotte Louisa, youngest daughter of Joseph Wright, Esq., of Eden-vale, Dublin, and beloved wife of Richard C. Mason Pooley, L.K.Q.C.P.I., L.R.C.S.I., &c.

SILKE.—On the 28th ult., at Nether-Stowey, Somersetshire, William Murray Silke, M.R.C.S.E., aged 63.

STANING.—On the 26th ult., at Queen's-road, Portsea, Richard Staning, M.R.C.S.E., aged 63.

SWEETING.—On the 28th ult., at Bournemouth, Thomas Sweeting, M.D., of Basingstoke, aged 44.

WEST.—On the 29th ult., at Lower Pembroke-street, Dublin, Surgeon-Major West, Army Medical Department, aged 47.

N.B.—A fee of 5s. is charged for the insertion of Notices of Births, Marriages and Deaths.]

Notes, Short Comments, and Answers to Correspondents.

HOSPITAL CONSTRUCTION, ETC.

Dr. Fritsche (Warsaw) will find the information he desires as to the construction and arrangement of English hospitals most conveniently in the following works:—Report on the Herbert Hospital, Woolwich, by Douglas Galton, F.R.S., &c. (Parliamentary paper); An Address on the Construction of Hospitals, by Douglas Galton, F.R.S. (London, 1869); General Report of the Commission appointed for Improving the Sanitary Condition of Barracks and Hospitals (Parliamentary paper, 1861); Notes on Hospitals, by Florence Nightingale (London, 1863); Sixth Report of the Medical Officer of the Privy Council, 1864 (Parliamentary paper), containing (1) Report by the Medical Officer (John Simon) on Hospital Hygiene, especially in relation to so-called traumatic infections and to the spread of contagious fevers; and (2) Report by Dr. J. S. Bristowe and Mr. Timothy Holmes on the Hospitals of the United Kingdom (of Great Britain and Ireland). The above works can be obtained through the publishers in the ordinary way of business. As to lunatic asylums and hospitals, an official memorandum exists, issued by the Board of Commissioners in Lunacy, and can be obtained from them by a letter addressed to their Office, Whitehall-place, London. Official Memoranda on the Construction and Arrangement of Hospitals for the Pauper Sick and for Infectious Disease Hospitals are also issued by the Local Government Board, this Government Department having charge of the supervision of the Poor Laws and Public Health Laws. These memoranda can be obtained on application, by letter or otherwise, to that Board, Whitehall London. The names of the members of the medical staffs of the various English hospitals may be obtained from the Medical Directory for the current year, published by Messrs. J. and A. Churchill, New Burlington-street, London. Dr. Fritsche will find a complete discussion of the questions as to general hospitals in an important work published two years ago in the United States of America with reference to the plans of a projected hospital at Baltimore. This work is entitled—Hospital Plans: Five Essays relating to the Construction, Organisation, and Management of Hospitals, contributed by their authors (Drs. John S. Billings, Norton Folsom, Joseph Jones, Caspar Morris, and Stephen Smith) for the use of the Johns Hopkins Hospital, of Baltimore (New York, 1875). This work can be obtained through the publishers, as well as a Report on Heating and Ventilation, prepared for the same Trustees by Dr. John S. Billings (Baltimore, 1878). Plans for this proposed hospital have been prepared by Dr. Billings, and no doubt can be obtained on application to the Trustees of the hospital, Baltimore.

H. K. E. should apply to a qualified practitioner for the advice desired.

HOSPITAL "TREATMENT."

To the Editor of THE LANCET.

SIR,—All interested in the subject of hospital administration will hail with satisfaction your annotation in last Saturday's LANCET on the subject of nursing. Only those who are resident in a hospital, and in the habit of wandering about the wards at all hours, can be aware of the frequent absolute neglect on the part of the nurses to carry out the physicians' and surgeons' directions. The tendency among the nurses appears to be to do the minimum of work themselves, and to get the larger part of their duties performed by the convalescent patients. Will anyone believe for a moment that these patients work out of pure gratitude to the nurses? If not out of gratitude, it must be for some consideration; and, as the nurse's salary is not sufficient to enable her to give money, she uses the extra food and stimulants partly as pay for services rendered, and partly to keep those patients quiet who might be tempted to inform the authorities of these irregularities.

With regard to the medicines, except the nurse is very conscientious, the question of their being taken or not rests very much with the patient, who in many places has control over them, they being placed on a shelf near his bed, and not under lock and key.

Can a remedy be suggested for a better administration? I believe that if the absolute control of the nurses—that is as to their engagement, dismissal, &c.,—were placed in the hands of a resident medical officer, and the matron were relegated to the duties of housekeeper, a very material improvement would take place. I do not for one moment mean to say that women are not to be found quite capable of having the control of an establishment; but for one so fitted there are ninety-nine quite useless for the purpose. The innumerable petty jealousies, the petty tyranny, &c. &c., of daily occurrence, where any woman but one of great administrative ability is in command, seem, to my mind, to point to a woman, as a rule, not being fitted for the post of manager.

I enclose my card, and am, Sir, yours truly,

December, 1878. L.

A Disgusted One.—We do not think it necessary to publish our correspondent's letter, as we did not insert the cases of alleged hardship to which he refers. We are glad to learn that the disallowance complained of was remitted on a proper representation of the case being made to the Government. In many instances we have no doubt apparent injustice or hardship would be remedied if brought clearly and intelligibly under the consideration of the authorities.

"PETER THE HERMIT" IN THE "WHITEHALL."

THE writer of the article in the *Whitehall Review* to which we recently took exception, has replied. His "argument" is, in part, a complaint; for the rest, a new allegation. "Peter the Hermit" says we did not quote the whole of his observations. The remark we unintentionally omitted we hasten to supply. It is reproduced in his letter as follows: "They (hospitals) have not gone so far as actual vivisection yet, but the needless operations and the essays of surgeons with 'theories' and views,' approach very closely and perilously to it." To be frank, we should have deemed it scarcely fair to quote a statement so obviously wild, and sacrificing truth to sensationalism, unless it had been desirable to reprint the whole article. This was, of course, out of the question. The sentence we have now cited is so hopelessly ridiculous in its audacity that we cannot do more than characterise it as wholly without foundation. The new allegation, made, we presume, in support of the assertion above quoted, is, substantially, that what are known as plastic operations, in which skin and other tissues are transplanted from healthy parts, or patients, to cure deformities, do not meet with the approval of this anonymous writer or the school he represents. The wisdom and value of these procedures do not, happily, depend on the judgment of non-professional critics. The *Whitehall Review* would seem to be the organ of the anti-vivisectionists, and, if we may judge from some incidental remarks in the last number, of the homœopaths. As such we shall henceforth regard it, and its censures will be received with the authority they deserve.

Mr. C. W. McConachy.—We cannot suggest a name. The medical attendant will advise.

O. P.—We will do our best to give insertion to the cases named.

"TWO DISLOCATIONS AND A FRACTURE IN ONE PATIENT."

To the Editor of THE LANCET.

SIR,—A remark by Mr. Dalton in your impression of Nov. 23rd makes it necessary for me to say a word or two in explanation. I doubted the diagnosis of dislocation of the wrist in his case simply from the extreme rarity of the accident. Dupuytren doubted the existence of such an accident, and other authors, as Bryant, Erichsen, Gross, Flower, and Hulke in "Holmes's System," and South in his annotations in "Chelius," all speak of its extreme infrequency. Druitt, it is true, in speaking of Dupuytren's opinion, says: "English experience, however, has proved that such an injury is not uncommon"; but he only refers to one "well-authenticated case." Fergusson also describes it as if he had seen it, but he does not say he has in so many words.

Mr. Dalton's description of the present state of the two cases he cites in his last communication to you certainly goes to prove they were examples of fracture with displacement rather than of dislocation pure and simple; indeed in one of them Mr. Dalton speaks of tracing the line of fracture. We only, I think, quarrel on terms. I would restrict the term "dislocation" to those cases in which the joint ends were moved on each other; while Mr. Dalton would include cases of fracture near the articular extremities where the broken ends were displaced. We both seek the truth; but, of course, extreme accuracy in language is necessary in developing it, of which, by the way, I cannot quote "prone aspect of the limb," used by Mr. Dalton, as an example. Prone position is generally understood; but prone aspect requires some thought thoroughly to understand it.

Yours truly,

Reading, Nov. 26th, 1878. WM. W. MOXHAY.

F.R.C.S. Eng.—Our correspondent's remarks on the recommendations of the A.M.D. Committee are based on an entirely mistaken view. A comparison between the proposed scale of pay and that granted by the Warrant of 1876 must obviously be incorrect, as under the latter there is no prospective pension. If a comparison is to be made, it should be with the scale laid down in the Warrant of 1873. The rate of pay during a limited service of ten years, without any claim to pension, ought manifestly to be considerably higher than under a system of long service with a pension. It would be useless to publish a letter founded upon so erroneous a comparison as that of our correspondent.

ORIGIN OF DIPHTHERIA.

To the Editor of THE LANCET.

SIR,—In your leading article on "Diphtheria" in your issue of to-day, you mention as a probable source of origin for this disease a primary disease in bovine animals, capable of being transmitted to man, and then taking the form of diphtheria. Now, though I do not think it at all impossible that this may be a source of origin, since undoubtedly the foot-and-mouth disease frequently produced in children, through the milk, a febrile disease in which aphthous disease of the mouth was an invariable accompaniment, there is yet, in my opinion, a far more potent source of origin for diseases such as enteric fever and diphtheria, and capable of being transmitted through the cow to man: I mean the source from which the animal derives its own fluid supply. In an epidemic of typhoid fever which affected this neighbourhood two years ago, I carefully traced the source, and the evidence collected proved most conclusively to my mind that the source of the disease was the milk supply, but not contaminated by actual typhoid poison, as has been usually supposed, but from a poisonous state of the milk in consequence of the water-supply of the animals being derived from a sewage-polluted pond. On changing the water-supply, the milk lost its putrescent tendency, and the epidemic rapidly subsided. Animals belonging to two different families, one private, the other a milk-dealer's, derived their drink-supply from this pond, and the disease was entirely restricted to those who drank the milk from these two supplies during nearly the whole period.

Yours truly,

Hendon, Nov. 23rd, 1878. HENRY HICKS, M.D.

MEDICAL OFFICERS OF HEALTH AS CONSULTANT PRACTITIONERS.

A CORRESPONDENT writes to us respecting a habit of certain medical officers of health, appointed for large districts, and by the terms of their agreement, as he states, debarred from *private practice*, acting as consultant physicians or surgeons. We think that there must be some error in his statement. It seems to us incredible that a professional man should undertake a public duty on the condition of ceasing to act as a private practitioner, and still continuing so to act. As a rule, we should anticipate that sanitary authorities would be sufficiently awake to their interests to prevent such a deviation from an engagement as soon as the fact was brought to their knowledge. We have heard of medical officers of health debarred from medical practice being called in consultation by practitioners in matters concerning the sanitary surroundings and welfare of families and patients, and properly receiving fees for giving assistance under such circumstances; but we are unaware of any instance of a medical officer of health, whose engagement provides for his removal from private practice, continuing such practice as a consultant.

Mr. Crapp must seek the aid of a practitioner to carry out his wishes.

DETACHMENT OF RETINA.

To the Editor of THE LANCET.

SIR,—In answer to a note in your issue of Nov. 23rd on my operation for detachment of the retina, will you oblige me by inserting the following remarks.

With regard to the claim set up on Sichel's behalf, that he originated the operation in 1859, and was followed by many others, it so happens that Sichel never did that operation. What Sichel did in operation on the sclerotic is recorded in the *Clinique Européenne* for Jan. 8th, 1859. It was a case of chronic inflammation, with serous infiltration of all the tissues of both eyes, in a scrofulous girl. He punctured the sclerotic, not with the object of operating on the retina to restore sight, but to relieve the inflammatory action by evacuating a part of the vitreous. The result, however, was unexpectedly satisfactory as far as the vision was concerned; but that he never practised it for detachment of the retina is proved by reference to a subsequent paper of his in the same journal of July 16th, in the same year, where he records two cases of detachment of the retina, which he treated by the exhibition of medicines ("par un traitement pharmaceutique rationnel").

I have seen Desmarres, senior, puncture the sclerotic in similar cases, and also in acute glaucoma; but puncturing the sclerotic is quite different from the operation I have described.

As your correspondent does not name any of the "many others" who have performed the operation, and as I can find no record to the contrary, I still regard this as a new operation.

Every practical surgeon will understand the reason why I gave the ophthalmoscopic appearances in general terms, that after an operation on the retina it was necessary to be very cautious in subjecting the eye to a strong light. But subsequently we ventured on more accurate exploration, and found that whilst before the operation both eyes presented a total blank, the fundus of each being covered by the dropsical effusion, after the operation, although the dropsical effusion had disappeared from the right eye, its fundus being visible, and disc almost normal in appearance, yet the lower part of the retina was loose; this portion, having been so long on the stretch, I expect will remain permanently detached, and vision in that direction impaired. The corresponding part of the retina of the left eye, which had never been put so much on the stretch, still presented a slightly undulating appearance, which was gradually disappearing. As, however, any verbal description of ophthalmoscopic appearances is imperfect, it was our intention to supplement the paper with a coloured representation of both eyes, which would have been interesting also as illustrating the symmetrical character of the affection; but, as the sitting required by the artist is generally a prolonged one, we would hardly have been justified in submitting the eyes to such a strain at the time.

The visual results corresponded with the ophthalmoscopic appearances. Before the operation the patient could not see a lighted candle moved close to her eyes, while shortly after it she could well distinguish features and colours with the right eye, and with the left she could follow the movements of the second hand of a watch, and six weeks afterwards she walked unaided in the crowded streets. As the last report from her is "sight still improving," we may have an opportunity ere long of carrying out our intention of giving ophthalmoscopic drawings, and offer at the same time some further remarks on this subject.

This operation has been arrived at by independent thought and observation, and from the encouraging communications received from men of high standing, who have promised to give it a fair trial, I am satisfied that the operation will have a future.

I am, Sir, yours faithfully,

Glasgow, November, 1878. J. R. WOLFE.

WORKING OF THE CONTAGIOUS DISEASES ACTS.

WE have been requested by the Secretary of the Liverpool Branch Association for Promoting the Extension of the Contagious Diseases Acts to publish the following letter:—

2, South-terrace, Cork, Nov. 14th, 1878.

DEAR SIR,—I have been acting chaplain in the Lock Hospital in Cork since it was opened under the Contagious Diseases Acts. I have also been chaplain of the Cork Workhouse for nearly twenty years. I have over three thousand Church Protestants in my parish, of which I have been rector for nearly twenty-one years. You may judge that my experience as a parish clergyman must be considerable. I look upon the Contagious Diseases Act as one of the greatest blessings *socially* and *morally* (and, so far at all events as poor little children are concerned, *physically*) that has ever been conferred upon this country. You may make any use you please of this letter.

Yours faithfully,

F. W. Lowndes, Esq. GEORGE WEBSTER, D.D.

COFFEE TAVERNS.

WE are glad to watch the progress of the movement for establishing coffee-, cocoa-, and milk-taverns, to counteract the evil influences of the gin palaces. It has long been felt that the allurements of the public-house need to be neutralised by equal attractions on the side of temperance. The best way to reduce the evil of drunkenness is to lessen the facilities for excessive indulgence in the use of intoxicating drinks. It follows that coffee and milk taverns should be as numerous as the ordinary drinking-bars, and it is necessary that they should be not less attractive. The traditional "coffee-shop" has been a gloomy, fly-blown establishment, to which no ordinary man would resort from choice. The attempt to supersede these useless houses by elegant and commodious taverns, where comfort and innocent drinks may be procured, is one that deserves the support of the community, and we trust that it will receive the countenance it merits, and succeed.

Dr. T. Wemyss Bogg.—Yes, at the earliest opportunity.

THE DIAGNOSTIC SIGNS OF ALCOHOLISM.

To the Editor of THE LANCET.

SIR,—In your issue of Nov. 16th, among your annotations, you bring up the question of "the differentiation of coma and alcohol," as propounded by Dr. Macewen in his address at the opening of the winter session of the Royal Infirmary School of Medicine here.

It seems to me that you somewhat unjustly treat Dr. Macewen in the remarks you make, as follows: "He had found contraction (of the pupil) the rule. But he had accidentally discovered that if a patient was shaken or disturbed, the pupil dilated, but very soon contracted again. He therefore lays down the rule," &c. These remarks tend to imply that Dr. Macewen has hastily laid down a rule for which he had no data sufficient wherefrom to construct it, whereas the fact is that he has at least by him notes of about seventy consecutive cases, besides having seen many others of which he has kept no notes, the *great* majority of which confirm his original observation. His position as casualty surgeon to the police gives him better opportunities of finding out and observing phenomena such as these than are given to surgeons generally, and consequently his observation comes with all the greater authority. I myself, however, am in a position to corroborate the phenomena in question, as witnessed frequently by me whilst acting as temporary casualty surgeon for a fortnight in autumn last during Dr. Macewen's absence. Patients were brought from the streets to the police station in an utterly insensible condition, from which they could not be restored to consciousness by the greatest amount of shouting and pinching. The pupil was looked at previous to stimulation of any kind being employed, and it was invariably found by me to be contracted. When pinching of the ear, pulling the hair of the face, douches of cold water, or any other external stimulation was adopted, the pupil gradually dilated; and on the patient being allowed to resume his original condition, the pupils again contracted. This condition of things I described in the note-book kept for such cases, tersely as "alcoholic pupils." I certainly do not wish it to be thought that I also discovered this fact for myself, since Dr. Macewen communicated it to me some time previous to my temporary occupation of the casualty surgeonship; but looking naturally for these phenomena in the case of "dead drunks," I deem it right for me to say, in support of Dr. Macewen's statements, that I found such pupillary conditions, as before mentioned, present in every case which I examined during the two weeks in which I acted as surgeon. In fact, so much dependence did I put upon this phenomenon that during the latter few days of my *locum-tenenship*, such a case presenting itself to me, and having these pupillary conditions, was put down as a bad case of drunkenness or alcoholic poisoning, and treated accordingly. One case I remember presented this phenomenon along with profuse bleeding from the ear, and so confident was I that it was a case of alcoholic coma that I carefully sponged out the ear, and found a small wound in the external auditory meatus, from whence issued the blood. The man was placed in a warm, comfortable situation, and watched. He completely recovered. I can also confirm, from thermometric observations on these drunken persons, the dictum of Dr. Richardson as to a lowering of the temperature taken per rectum.

It seems to me, from the great constancy of this pupillary phenomenon in drunken persons, that in it we have a valuable diagnostic objective sign, serving to elucidate the *quæstio vexata* of diagnosis between concussion, opium poisoning, and alcoholic poisoning, and is worthy of consideration in doubtful cases.

If casualty surgeons in the different large towns would investigate this matter, and thereon relate their experiences, it would, I think, tend very much to establish the correctness of Dr. Macewen's discovery.

Yours respectfully,
Glasgow, Nov. 29th, 1878. JOHN GLAISTER, L.R.C.P.E., &c.

Mr. W. Stow.—We cannot name a surgeon. The question should be addressed to the ordinary medical attendant, who will advise.

A Queen's A.M.D.—1. To the Director-General of the Army Medical Department, 6, Whitehall-yard.—2. Not if slight.

D. E.—There is no such clause in the Act.

THE PONTEFRACT WORKHOUSE MEDICAL OFFICER.

To the Editor of THE LANCET.

SIR,—I have been requested to forward the following resolution to you, passed at a meeting of the Pontefract and District Medical Society held last evening:—"That, after considering the facts of the case, this Society is of opinion that the sum of £60 a year is not more than would recompense a medical man for the work, and that no member should apply for it under that sum, and that members refuse to co-operate with any member of the profession who should do so."

The Society also express their gratification at the remarks in your journal of last Saturday.

Yours truly,
Pontefract, Nov. 30th, 1878. W. J. SIMPSON, Hon. Sec.

MEMORIAL TO THE LATE DR. WINKFIELD, SHIRLEY.

THE subscription-list connected with this fund having been closed, we are enabled to state that it nearly reached the sum of £250, and that it will be disposed of in the following manner:—A sum not exceeding £25 is to be appropriated for the purchase and erection in Shirley Church of a tablet with a suitable inscription to the memory of the deceased. The balance of the fund is to be invested in the names of four trustees for the benefit of the children of the late Dr. Winkfield. The Rev. John Haigh, M.A., Vicar of Shirley, has acted as Chairman of the Committee, Major-General Lewis as Treasurer, J. Walker, Esq., and G. Knapton, Esq. (the late Dr. Winkfield's assistant), as Hon. Secs.

Mr. J. Walbrook Ashworth.—Apply at the Office of the Secretary of State for the Colonies, Whitehall, S.W.

Dr. D. Page, (Kendal.)—The paper will be inserted in an early number.

THE POSTAL MICROSCOPICAL SOCIETY.

To the Editor of THE LANCET.

SIR,—I am surprised to read Mr. Bousfield's letter in THE LANCET of Nov. 16th. In reply, I would state that, although the formation of a special histological section had been occasionally suggested, as had several other special sections, the subject was never fairly under discussion. He is also grievously wide of the mark in his figures, as I am now able to show, if I may be allowed to presume that the slides now in circulation are a fair sample of those of former years. There are now in circulation 515 slides, of which 53 are histological; the remaining 462 being divided chiefly amongst diatomaceæ, botany, and entomology, about each of the two former to two of the latter. Unfortunately I cannot refer to former list of slides, they having all been sent to the President, who is compiling a complete classified list of the same. My figures as above show that there are 10½ per cent. of the whole slides histological, instead of only 2 per cent., as stated by Mr. Bousfield.

It is now proposed in earnest to form a histo-pathological circuit, and a circular, of which I enclose a copy, will be sent to every medical member, as well as to all others writing to me for particulars of the Society.

Yours faithfully,
1, Cambridge-place, Bath, Nov. 1878. ALFRED ALLEN, Secretary.

To the Editor of THE LANCET.

SIR,—The Postal Microscopical Society has been worked so skilfully, and has so well answered its purpose, that I do not feel inclined to do as your correspondent suggests—viz., to start a special Society for histo-pathological objects only. It is a constant matter of reproach that medical men are not sufficiently interested in scientific matters outside the strictly medical sciences. The present method brings together those who take an interest in varied lines of research through their common taste for microscopy, while their distance from the Societies prevents their attending the meetings. Mr. Bousfield's statement as to the numbers of slides in each department is incorrect.

Yours truly,
Castle Cary, Nov. 27th, 1878. C. P. COOMBS, M.D.

Mr. Wm. Hindhaugh.—We do not report inquests, but will be glad if our correspondent will forward any good report he may happen to see. It is better to comment on public reports of such matters.

J. A. T. D.—Our correspondent had better consult the Medical Directory. We cannot recommend any physician or surgeon in particular.

Mr. Roughton.—The paper could, probably, be obtained by applying to the author. Only abstracts appeared in the press.

ROYAL COLLEGE OF SURGEONS OF ENGLAND: FELLOWSHIP EXAMINATIONS.

THE following were the questions on Pathology, Therapeutics, and Surgery submitted to the candidates at the written examination for the final Fellowship on the 21st ult. Candidates were required to answer all from 1.30 to 5.30 P.M.:—

1. Describe the characters of the lupous, the rodent, and the tertiary syphilitic ulcer, pointing out those which are especially to be relied on in diagnosis.
2. In a case of hæmaturia describe the method of investigation you would pursue, and the facts or symptoms by which you would be guided, in the diagnosis of its source and cause.
3. Describe the immediate and remote effects which may follow an injury of a large nerve-trunk.
4. Discuss the relative advantages and disadvantages of median and lateral lithotomy.

Mr. K. MacIver.—It is quite uncertain when the Warrant will be published, and also whether the entrant examination will be discontinued. The vacancies are somewhere over fifty.

Mr. Blount.—We are not aware.

ACTION OF IODOFORM.

To the Editor of THE LANCET.

SIR,—In THE LANCET of Nov. 16th, page 720, is a short note by Mr. W. G. Tiley on the Action of Iodoform, in which he states that "it acted as a positive sedative, equalling in its *caustic* effects nitric acid, nitrate of mercury, and Vienna paste."

Now, I have used iodoform in a good many cases of non-infecting chancre and unhealthy sores, and have never found that it had the least *caustic* effect. Yet I have seen it immediately arrest rapid venereal ulceration and phagedæna after one application, and this even when thorough cauterisation with acid nitrate of mercury had only made matters worse. Perhaps iodoform, like its analogue, chloroform, will turn out to be an extremely powerful antiseptic.

Yours obediently,
Blackpool, Nov. 26th, 1878. WM. HARDMAN.